2025-2026
FAFSA WAIVER

I, _____, understand that by signing this FAFSA Waiver, I will not be receiving any form of Federal or State Financial Aid to be applied to my student account including Federal Loans, Federal and State Grants, and Federal Work Study. If anytime during the 2025-2026 academic year I complete a FAFSA my eligibility for Federal Financial Aid will be reevaluated.

(Print Name)

_____

Student Signature ID Number Date

This form must be physically signed or may be electronically signed with DocuSign