2026-2027 FAFSA Waiver

I understand that by signing this FAFSA Waiver, I_____
(Print Name)

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 2026-2027 academic year I complete a FAFSA my eligibility for Federal Financial Aid will be reevaluated.

_____

Student Signature ID Number Date