

FAFSA Waiver Form 2020-2021 Academic Year



Student Name _____ Student ID _____
Last First M.I.

Reason for Waiving the FAFSA

Please briefly explain why you are not completing the FAFSA:

Statement

By signing below, I am requesting the Financial Aid Office waive the requirement of completing the FAFSA. I understand that if I do not complete the FAFSA I am waiving my right to federal, state, and need-based institutional aid at College of Saint Elizabeth.

Student Signature _____ Date ____/____/____

*Note: This form must be filled out each award year for which the FAFSA is waived. The completion of this form does not prohibit a student from filling out the FAFSA, to determine Title IV eligibility, at any point if the student wishes to do so.