

2018 - 2019 PETITION FOR WAIVER OF NONCUSTODIAL PARENT INFORMATION

Student's Name _____ Hampshire ID# _____
 Address _____ Phone _____
 _____ Email _____

Noncustodial Parent's Name _____ Occupation _____
 Address _____ Phone _____
 _____ Email _____

Custodial Parent's Name _____ Occupation _____
 Address _____ Phone _____
 _____ Email _____

NOTE: Our financial aid policy is to collect information from each parent when they are not together to determine each parent's fair share of the family's total financial contribution. A parent who is not willing to make a contribution is not grounds for a waiver of the required forms. If it is determined that a parent is capable of making a contribution, one will be expected regardless of whether or not that parent is willing to contribute. We do not have the resources to replace that amount for a parent who may be unwilling to contribute.

Please complete both sides of this form and sign, date, and return it to the financial aid office at Hampshire College.

SECTION A: About the noncustodial parent

If only one parent appears on the student's birth certificate please check here: _____ and skip to Section C on the back of this form. Please attach a copy of the birth certificate to this form.

Natural parents' marital status _____ Separated _____ Divorced _____ Never Married
 If separated or divorced, date of separation or divorce _____

Has your noncustodial parent ever claimed you as a dependent on a federal tax return? ____ Yes ____ No
 If yes, indicate the most recent tax year that this occurred _____

Have you had contact with your noncustodial parent in the past year? ____ Yes ____ No
 If no, indicate the last time you had contact with him/her _____
 If yes, indicate the type of contact (letter, visit, phone call, etc.) _____

Are there legal orders that limit your noncustodial parent's contact with you? ____ Yes ____ No
 If yes, attach a copy. _____

Did your noncustodial parent pay any child support in 2017? ____ Yes ____ No
 If yes, indicate the total amount paid in 2017 for you \$ _____
 The total amount paid for other children \$ _____
 If no, indicate the last year that any child support was paid _____

Did the child support come directly from the noncustodial parent? ____ Yes ____ No
 If no, provide documentation of the source of payments. _____

Continued on back

Hampshire Use Only	
____ Approved ____ Denied	Signature _____
____ Log in PF	Date _____

SECTION B: Statement from a third party

You must attach a statement from a third party that supports the amount of contact or support, or the lack there of, you have with your noncustodial parent. These letters come from attorneys, counselors, clergy and other professionals close to and aware of a student's situation. Please be sure the letter contains the student's full name so that we may match it to our records. Letters from family members are not acceptable. The third party may also send their letter to us separately if they prefer. Our address and fax number are listed below.

Name of person submitting third party letter: _____

How does this person know your family: _____

How long has this person known your family: _____

SECTION C: Statement from student or custodial parent

Provide us with a statement, from the student and/or custodial parent, which will help us to better understand the circumstances that you believe make it appropriate for us not to require any financial information from the student's noncustodial parent. Be sure to provide as much detail as possible and attach additional pages as necessary. You should also attach any applicable documentation to substantiate or expand upon your situation. Examples of additional documentation include court rulings or reports of child support payments.

You may write your request in the space below or you may attach a separate sheet:

SECTION D: Certification by student and custodial parent

I certify that all the information provided on this form is true and complete to the best of my knowledge.

Student's signature _____ Date _____

Custodial Parent's signature _____ Date _____

Please mail this form to the Financial Aid Office, Hampshire College, 893 West Street, Amherst, MA 01002 or fax it to 413.559.5585.