

**2026-27 Noncustodial
PROFILE Waiver Request**

STUDENT INFORMATION

Student Name _____	ID or SSN _____	
Permanent Address _____		
street		
_____	_____	_____
city	state	zip
E-mail _____	Phone _____	

NONCUSTODIAL PARENT INFORMATION

Name _____	Phone _____	
Permanent Address _____		
street		
_____	_____	_____
city	state	zip
E-mail _____	Employer _____	
Status of student's biological/adoptive parents: <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Never married to each other		
If divorced or separated, indicate year of divorce/separation: _____		
Has noncustodial parent ever claimed student as a dependent on a federal tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," indicate most recent year claimed: _____		

FREQUENCY OF CONTACT

Are there any legal orders that limit the noncustodial parent's contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please attach documentation (i.e. restraining order, police report, divorce decree, etc.)
On how many occasions has the student had contact with him/her during the past 12 months? _____
What was the date of the most recent contact? _____
Please explain the purpose of the contact and whether it was in person, by phone, or other:

CHILD SUPPORT INFORMATION

Did the noncustodial parent provide child support in 2024? ☐ Yes ☐ No

If "Yes," indicate the total amount he/she paid for student: \$ _____

If there are other children, indicate total paid for all children: \$ _____

If "No," indicate the last year that he/she paid any child support: _____

REQUIRED DOCUMENTATION

Personal Statement: Attach a separate page explaining exactly why it is impossible for you to provide the Noncustodial PROFILE. Include a description of the history and current status of your relationship with your noncustodial parent, the history and frequency of any contact you have had with that parent, and a history of any financial support provided for you by that parent. Use multiple sheets of paper if necessary.

Third Party Support: Attach supporting documentation, such as legal/court documents or a letter from an attorney, member of the clergy, therapist, teacher, guidance counselor, or other non-family member who is familiar with your circumstances and in a position to confirm your explanation of the situation. Be sure that the person writing on your behalf includes his/her name, address, phone number, and relationship to you (the student).

Waiver requests submitted without supporting documentation and/or third party corroboration will be reviewed, but are unlikely to be approved. If you are unable to provide third-party documentation and would like to discuss your circumstances, please contact our office.

CERTIFICATION

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

Student Signature _____ Date _____

Custodial Parent Signature _____ Date _____

Office Use Only

Date: _____ Aid Officer Initials: _____

Approved: ☐ Yes ☐ No

Comments: _____