



**Fairfield University**  
**Office of Financial Aid**

**Noncustodial PROFILE Waiver Appeal Form**

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Fairfield University believes that the primary responsibility for education expenses starts with the student and the family. In cases of divorce, separation, and/or nonexistent marital history between biological parents, the parent (and if applicable, step-parent) with whom the student resides, is responsible for completing and contributing to the financial aid application process.

While these familial circumstances may complicate the extent to which parent(s) can and are willing to contribute to college expenses and application processes, it does not absolve either parent of the financial aid obligations.

**Fairfield University requires that the noncustodial parent complete the Noncustodial PROFILE through College Board: <https://ncprofile.collegeboard.com>. If this parent is unable to complete the Noncustodial PROFILE, the student may apply for a waiver of this requirement under extraordinary circumstances.**

By submitting this Noncustodial Parent Waiver Appeal Form, you, as the student, are petitioning that an exception be made to Fairfield University’s Noncustodial Parent (NCP) policy and Noncustodial PROFILE requirement.

Submission of this appeal form does not guarantee that the waiver will be granted. Submission of this appeal form does not guarantee an offer of financial aid, nor does it prevent the accrual of late fees or unpaid student account balances due the University.

**\*\* DEADLINE: MARCH 31 \*\***

**STUDENT SECTION**

Academic Year: 20 \_\_\_\_\_ - 20 \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Fairfield ID or SSN \_\_\_\_\_ Expected Year of College Graduation \_\_\_\_\_

Street Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CUSTODIAL PARENT/FAFSA PARENT OF RECORD SECTION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OFFICE USE ONLY: NCPAPP \_\_\_\_\_ PERSONAL STMT \_\_\_\_\_ THIRD PARTY DOCUMENTATION \_\_\_\_\_**

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Marital Status of biological parents (check applicable): Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Never Married \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Year of divorce/separation/other: \_\_\_\_\_ **\*Please submit copy of divorce decree or separation agreement**

**NONCUSTODIAL PARENT SECTION** (Please complete as thoroughly as possible)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

**TAX INFORMATION**

**Check One:**

Has your noncustodial parent ever claimed you as a dependent on his/her federal tax return? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please indicate tax year: \_\_\_\_\_

Has your noncustodial parent remarried? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please indicate year: \_\_\_\_\_

**FREQUENCY OF CONTACT**

Have you had contact with your noncustodial parent in the last year? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please specify the nature of this contact (visit, letter, phone call, email, etc.), including why the contact and/or relationship may have changed since this time: \_\_\_\_\_

\_\_\_\_\_

If YES, indicate duration of contact (days, weeks, months, etc.): \_\_\_\_\_

If NO, indicate the **last time** you had contact with your noncustodial parent: Month \_\_\_\_\_ Year \_\_\_\_\_

**CHILD SUPPORT & LEGAL ORDERS**

Did your noncustodial parent pay child support for you in the previous year? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, indicate amount: \$ \_\_\_\_\_ /month

If NO: indicate the **last year** your noncustodial parent paid child support for you: \_\_\_\_\_

Are child support payments currently garnished (or have they been) from your noncustodial parent's wages? YES \_\_\_\_\_ NO \_\_\_\_\_

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Are there any legal orders that limit your noncustodial parent’s contact with you? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please submit supporting documentation (order of protection, police report, divorce decree, etc.).

**THIRD PARTY SUPPORTING DOCUMENTATION**

You will be expected to submit **one letter** from someone who can attest to the nature of your relationship with your noncustodial parent. This letter can be submitted from a guidance counselor, teacher, school administrator, clergy member, or another professional whose care you have been under (physician, psychiatrist, social worker, other).

**PERSONAL STATEMENT**

Submit one statement, from you and your custodial parent, providing additional details that will help our office to understand the circumstances that you believe may make it necessary to waive the noncustodial parent’s application and financial aid requirements. **Be sure to provide as much detail as possible.** Feel free to attach any other applicable documentation to support or expand on your situation and reason for requesting this waiver. Any conflicting information on this form, along with your statement and other supporting documents will delay the processing time and final decision.

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**Before submitting this waiver to the Office of Financial Aid, please be sure that you have enclosed the following:**

- ✓ This appeal form completed and signed (by both student and parent)
- ✓ A personal statement signed (by both student and parent)
- ✓ One third party statement signed and dated with a “wet” signature
- ✓ Divorce decree or separation agreement in its entirety, all pages

NOTE: The Office of Financial Aid will not review this appeal until all documentation is received.

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**CERTIFICATION**

By signing below,

1. We affirm that the information provided on this form and on all attached supporting documentation is true and complete to the best of our knowledge.
2. We acknowledge that submission of this form does not guarantee an offer of financial aid.
3. We acknowledge that submission of this form does not waive the NCP obligation unless approved.
4. We recognize that submission of this form does not prevent the accrual of late fees on unpaid balances.
5. We will make arrangements to pay our bill on time and will not wait for the outcome of this appeal.

Students will be notified of the appeal decision by mail or email. **PLEASE DO NOT SIGN THIS FORM ELECTRONICALLY.**

**STUDENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**CUSTODIAL PARENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_