



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://cssprofile.collegeboard.org/>. 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 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 (all pages)**

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), **and MUST be on letterhead.**

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.

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

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

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.

STUDENT SIGNATURE _____

Date _____

CUSTODIAL PARENT SIGNATURE _____

Date _____