

Student First Name: _____ Student Last Name: _____ ID: _____
DOB: ____/____/____ Primary Phone #: (____) ____-____ Secondary Phone #: (____) ____-____

Date: _____

PARENT CERTIFICATION:

I attest to the following:

1. I am the parent of _____.
2. I refuse to complete the parent portion of the FAFSA application and
3. I will not and have not provided the above mentioned student with any financial support, including the payment of educational costs, other cash, and non-cash support such as room and board as of the following date: _____.
4. In addition, I will not provide financial support to the student in the future.

Parent Signature

Date

Printed name

Phone Number

Submitting documents. *You may submit your documents in several ways:*

- Email to: finaid@utrgv.edu
- By mail to: **UTRGV U Central**, Visitors Center 1.113, 1201 W. University Drive, Edinburg, TX 78539
- Physical Drop off to locations listed below:

Brownsville U Central Location:
The Tower, Main 1.100
One West University Blvd.
Brownsville, Texas 78520
Ph: (888) 882-4026

Edinburg U Central Location:
Student Services Bldg., First Floor
1201 West University Drive
Edinburg, Texas 78539
Ph: (888) 882-4026

For Office Use Only:

Processed by: _____

Date: _____