



I, _____, understand that by signing this FAFSA Waiver, I
(Print Name)
will not be receiving any form of Federal or State Financial Aid to be applied to my
student account including Federal Loans, Federal and State Grants, and Federal
Work Study. If anytime during the 2025-2026 academic year I complete a FAFSA my
eligibility for Federal Financial Aid will be reevaluated.

Student Signature

ID Number

Date