



2018-2019 Parent Cessation of Support Verification

Last Name First Name MI MGA ID#

- I certify** that I refuse to provide the information needed for the completion of the FAFSA (Free Application for Federal Student Aid) for the above-mentioned student.
 - **NOTE:** The FAFSA is the application used to determine financial aid eligibility for federal grants, loans, and work study jobs on campus.
- I certify** I do not and will not provide financial support for the above-mentioned student now or in the future.
- I certify** the date I stopped providing financial support (housing, medical insurance, clothing, car payments, cash money, etc.) was: _____/_____/_____
- I understand** that I am not eligible to borrow Federal PLUS loans after I sign this statement.
- I understand** that the above-mentioned student will only be eligible for a maximum amount of federal unsubsidized loans of \$7,500 for the entire academic year.

Parent	Printed Name	Signature	Date
Mother			
Father			

IMPORTANT NOTE: Once approved, no changes can be subsequently requested.

 Student Signature:

 Date:

Please return this completed form to one of our Financial Aid Offices in Macon, Cochran, Dublin, Eastman, and Warner Robins, Georgia, email to fainfo@mga.edu OR fax to (478) 471-2790 (Macon), 478-934-3019 (Cochran, Dublin, Eastman), or 478-929-6726 (Warner Robins). If you have questions, please contact us toll – free at 1-877-238-8664 or visit our website at www.mga.edu/financial-aid/default.aspx.