

## 2022-2023 Parent Cessation of Support Verification

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Last Name	First Name	MI	MGA ID#
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- I certify** that I have not yet provided and 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 to borrow a Federal Direct Unsubsidized Loan. **I understand** that this type of loan requires the student to pay interest during all periods of enrollment and the borrowing limit each year is based on the student's grade level and program of study.

Parent	Printed Name	Signature	Date
<b>Mother</b>			
<b>Father</b>			

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

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**Student Signature:**

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**Date:**

*Please return this completed form to one of our Financial Aid Offices in Macon, Cochran, Dublin, Eastman, and Warner Robins, Georgia, email to [financialaid@mga.edu](mailto:financialaid@mga.edu) OR fax to 478-934-3019. If you have questions, please contact us at 478-387-0580 or visit our website at [www.mga.edu/financial-aid/index.php](http://www.mga.edu/financial-aid/index.php).*