Non-custodial Parent Waiver Request 2024–25 Academic Year

Box 591, 330 Alexander Street
Princeton, NJ 08542-0591
T 609.258.3330
F 609.258.0336
E pfaa@princeton.edu
https://admission.princeton.edu/cost-aid

Student Information	
Na	me: DOB:
PU	ID (for current students):
aid fin inf mi	structions: It is Princeton's policy to require information from both parents in order to determine eligibility for financial I. By completing this form, you are requesting that your non-custodial parent's information be excluded from the ancial aid process. Before we can make this decision, we need the following information. You must provide all ormation requested below. Enter "N/A" or "unknown" for questions you cannot answer. Waiver requests with ssing information will not be considered.
1.	Parents' Current Marital Status Divorced Separated Never Married
	If divorced or separated, year of divorce or separation:
2.	Non-custodial Parent Contact Information
	Name:
	Address:
	Email: Phone:
3.	Approximate number of times the non-custodial parent and student had contact with one another during the last twelve months?
4.	When was the last point of contact? MM/YYYY:
5.	What was the nature of the last point of contact? Email Phone call Text In person
6.	Has your non-custodial parent ever claimed you as a dependent on a federal tax return?
	If yes, what is the most recent year?
7.	Did your non-custodial parent pay child support in 2022? ☐ Yes ☐ No
	If yes, indicate total amount paid for you and sibling(s): \$
	• Please indicate if the child support was: Voluntary Court-ordered Garnished Wages
8.	Has your non-custodial parent paid child support in 2023? ☐ Yes ☐ No
	If yes, indicate total amount paid for you and sibling(s): \$
	o For how many months?
	If no indicate last year child support was paid:

9.	Has your non-custodial parent provided financial support, other than court-ordered child support, in the last twelve months (such as private school, medical, or dental bills)? Yes No
	If yes, indicate the total amount of support provided: \$
10.	Are you covered under any insurance plans (e.g. health insurance) by your non-custodial parent? \Box Yes \Box No
	If yes, what type of insurance?
11.	Are there any legal orders limiting your non-custodial parent's contact with you? Yes No
	If yes, please explain and attach documentation to this form.
Req	uired Supporting Documentation
1.	Statements from Student and Custodial Parent
	Both you and your custodial parent must submit separate personal statements to help us better understand the circumstances surrounding the non-custodial parent. Any supporting documentation (e.g. legal order, police report) you think is relevant should accompany the statements.
2.	Third-party Statements
	 Attach two statements from third parties who can verify the circumstances regarding your relationship with your non-custodial parent. The statements should be on professional letterhead and include the party's name, contact number, the number of years they have known you, and their relationship to you. The statements must be from individuals familiar with your situation in a professional capacity such as a counselor, clergy, teacher, or lawyer. The statements must speak to their first-hand experience regarding the non-custodial parent, and whenever possible, supported by source documents, such as a reference to school or medical records. The statements may not be from family members or friends.
Cer	ification
Uni acci Deli in tl	nbers of the University community are expected to be honest and straightforward in their official dealings with versity processes, activities, and personnel. This obligation includes honoring contracts and agreements and providing trate information on official forms and documents as well as to official University personnel, offices, and committees berate violations of this provision will be considered serious offenses; subsequent violations, or systematic violations are first instance, will be considered extremely serious. (1.1.5 Honesty and Cooperation in University Matters, Rights, as, Responsibilities, 2023 edition)
tha	tify that the information contained within this document and all enclosures is complete and accurate. I understand misrepresentation or falsification on this and any financial aid document will result in penalties to be determined by ceton University.
	confirm that I have answered all questions and attached all required supporting documents. I understand that mplete waiver requests will not be reviewed.
Cus	odial Parent Signature: Date:
Stu	lent Signature: Date: