

Trinity College
Office of Financial Aid

Borges Admissions Center
300 Summit Street, 2nd Floor
Hartford, CT 06106

Phone: 860-297-2046 & Fax: 860-987-6296

Request for Waiver of Non-Custodial Parent Information

Student Name: _____ Trinity ID Number: _____

Financial information is required from either biological or adoptive parents to determine a student’s financial aid award. Trinity College recognizes that extenuating circumstances in individual cases may make it impossible to obtain information from a non-custodial parent. If the non-custodial parent’s whereabouts are unknown, if there has been extremely limited or no contact with the non-custodial parent for a significant period of time, or if there are other extenuating circumstances, the collection of non-custodial financial information may be waived. By completing this form, you are petitioning that an exception be made to the requirement of financial information from your noncustodial parent. Please note:

Exceptions are rare and only occur when exceptional circumstances exist, such as orders of protection.

Unwillingness of a noncustodial parent to contribute financially is not a sufficient reason to file this petition.

Incomplete forms will not be reviewed. Parts 1 through 4 are required for a complete application.

PART ONE: Noncustodial Parent Information *If any of this information is unknown please indicate “unknown”*

Name: _____ Occupation: _____

Address: _____ Telephone: _____

Marital Status: Divorced in (year) _____ Separated in (year) _____ Never Married
Has this parent ever claimed you as a dependent on a federal tax return? Yes (year) _____ No

Have you had contact with this parent in the last year?
Yes (indicate nature of contact and why) _____

No (indicate the date of your last contact) _____

Any there any legal orders that limit your parents contact with you? Yes (attach copy) No

When did this parent last pay child support? _____

PART TWO Personal Statement: Please provide any additional information below that would help us to better understand the circumstances that you believe make it appropriate for us to waive financial information from your noncustodial parent. Be sure to provide as much detail as possible. You may also attach any applicable documentation to substantiate, to expand upon, or as required from page one.

PART THREE Supporting Documentation: Attach a statement from a third party individual (such as a counselor or doctor) that can verify the amount of contact you have with your noncustodial parent. ***We will not accept a statement from immediate family members or legal counsel.***

PART FOUR Certification: - By signing below, we certify that the information provided herein is true and accurate. *Please note that the digital signatures will not be accepted.*

Student Signature

Date

Parent Signature

Date