



Office of Student Financial Services
1800 Lincoln Avenue
Evansville, IN 47722
812-488-2364 ▪ Fax: 844-433-7153
studentfinancialservices@evansville.edu

2024-25 Parent Statement of Non-Support

Student Name: _____

ID# _____

I (We), _____, parent(s) of the above named student certify that the student does not currently live with us nor does he/she receive any support from us.

I (We) have not provided support since ____/____/____.

Support includes:

- Student living in the home.
- Including student on auto insurance or health insurance policies.
- Providing a car to drive.
- Payment of tuition and fees, housing or meals.
- Parent owning a 529/Prepaid Tuition Plan or Coverdell Account for which the student is the beneficiary.
- Borrowing a PLUS loan on the student's behalf.
- Providing information for the Free Application for Federal Student Aid.

I (We) also refuse to provide income information for the FAFSA for this student.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____