

2022-2023
FAFSA WAIVER
INSTRUCTIONS AND REQUEST FORM

Student Name: _____ Date: _____

Student ID: _____

Dear Student / Parents:

To award all Federal, State, and Institutional aid efficiently, the Office of Financial Aid asks that all students and parents complete the following form:

- The *Free Application for Federal Student Aid* (FAFSA) (<https://studentaid.gov>)

There are two primary reasons why we ask our students/parents to complete this form:

1. Often students are eligible for Federal or State programs for which they are unaware. Additionally, students may desire to receive aid later in the year, for which these forms are necessary.
2. By completing this process, the information collected may help increase aid allocations at DBU and the availability of funds to assist other students who have a greater need for assistance.

However, we understand that some students and parents may not wish to apply for Federal or State aid by completing the FAFSA because of income status, political beliefs, religious beliefs, or other reasons, and we respect those decisions. In these situations, independent students, or parents of dependent students, may elect to complete this FAFSA Waiver Request.

The Financial Aid office will grant a waiver for a student having to complete the FAFSA if the student (and parents of a dependent student) will provide a statement to the office stating why they do not want to complete the FAFSA. The Office of Financial Aid must have these on record to justify the decision to suspend this requirement.

To request a FAFSA waiver, please complete the information below. You may fax, mail, deliver, or scan and attach to an email (finaid@dbu.edu) to submit.

To request a FAFSA waiver, please complete the information on the attached FAFSA Waiver Request Form.

Thank you,

Office of Financial Aid
Dallas Baptist University



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Name: _____ Student ID#: _____

Address/City/State/Zip: _____ Date: _____

We wish to request a waiver for the following reason(s): _____

By receiving a waiver, I/my student am/is aware that I/my student will not be considered for Federal, State, or private loans, nor any other need-based programs.

Student's Signature: _____

Parent's Signature (For Dependent Students): _____

Date: _____

Return this completed form to:

Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211
Please scan, attach, and email to finaid@dbu.edu or fax (214)-333-5586.

For Office of Financial Aid Use ONLY

APPEAL DECISION:
Date Reviewed _____ Reviewed by: _____ WAIVER Approved ___ WAIVER Denied ___
Approval Letter OR Denial Letter Mailed: YES / NO Date Letter Mailed _____ Comments made: YES / NO
NASU (NOISIR, NOISIRGR, NOISIRDR)