

**FAFSA Waiver Form****Academic Year:** _____

RETURN THIS FORM TO: Multnomah University Financial Aid Office | 8435 NE Glisan Street |
Portland, OR 97220 | Phone: 503.251.5335 | Fax: 503.445.5199 | Email: finaid@multnomah.edu

SECTION 1) STUDENT INFORMATION

Student Name (Last, First, MI):		Student ID #:	Birthdate:
Address:	City:	State:	Zip:
Phone: ()	Email:		
State of Legal Residence:			
<input type="checkbox"/> US Citizen (SSN): _____ - ____ - _____		<input type="checkbox"/> Eligible Non-Citizen (Alien Reg. #): _____	

SECTION 2) REASON FOR WAIVING FAFSA

Please provide a brief description as to reason(s) for not completing FAFSA:

PLANS TO PAY BALANCE:

Please provide a brief description of your plans to pay for the cost of attendance:

SECTION 3) SIGNATURE

By signing below, I understand that all of the following apply:

- I certify that I am the above named student, and, to the best of my knowledge, the information I have reported is true, complete, and accurate.
- I understand that by submitting this waiver form, I will not receive Title IV government financial aid, including Pell grant and Stafford Loans, for the current award year.

Student Signature: _____

Date: _____

Printed
Name: _____

NOTE: This form must be filled out **each award year** for which the FAFSA is waived. This form does not prohibit a student from filling out a FAFSA and obtaining Title IV financial aid at any point that he/she wishes to do so.