



Fairfield University  
Office of Financial Aid

Aloysius P. Kelley Center  
1073 North Benson Road  
Fairfield, CT 06824 (p)  
203.254.4125 (f)  
203.254.4008  
(e) [finaid@fairfield.edu](mailto:finaid@fairfield.edu)  
(w) [www.fairfield.edu/finaid](http://www.fairfield.edu/finaid)

## Noncustodial PROFILE Waiver Appeal Form

Fairfield University believes that the primary responsibility for education expenses starts with the student and the family. In cases of divorce, separation, and/or nonexistent marital history between biological parents, the parent (and if applicable, step-parent) with whom the student resides, is responsible for completing that the noncustodial parent

College Board: <https://cssprofile.collegeboard.org/> . If this Form is used, the student is responsible for the appeal

exception be made to of financial aid, nor does it prevent the accrual of late fees or unpaid student

account balances due the University.

**\*\* DEADLINE: MARCH 31 \*\***

### STUDENT SECTION

Academic Year: 20\_\_\_\_ - 20\_\_\_\_

Last Name\_\_\_\_\_ First Name\_\_\_\_\_

Fairfield ID or SSN\_\_\_\_\_ Expected Year of College Graduation \_\_\_\_\_

Street Name\_\_\_\_\_ City/Town\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

E-mail\_\_\_\_\_ Phone\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### CUSTODIAL PARENT SECTION

Last Name\_\_\_\_\_ First Name\_\_\_\_\_

Street Name\_\_\_\_\_ City/Town\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

E-mail\_\_\_\_\_ Phone\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OFFICE USE ONLY: NCPAPP \_\_\_\_\_ PERSONAL STMT \_\_\_\_\_ THIRD PARTY DOCUMENTATION \_\_\_\_\_

**Noncustodial Parent Waiver Appeal Form**

Marital Status of biological parents (check applicable): Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Never Married \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Year of divorce/separation/other: \_\_\_\_\_ *\*Please submit copy of divorce decree (all pages)*

**NONCUSTODIAL PARENT SECTION** (Please complete as thoroughly as possible)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

**TAX INFORMATION**

**Check One:**

Has your noncustodial parent ever claimed you as a dependent on his/her federal tax return? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please indicate tax year: \_\_\_\_\_

Has your noncustodial parent remarried? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please indicate year: \_\_\_\_\_

**FREQUENCY OF CONTACT**

Have you had contact with your noncustodial parent in the last year? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please specify the nature of this contact (visit, letter, phone call, email, etc.), including why the contact and/or relationship may have changed since this time: \_\_\_\_\_

\_\_\_\_\_

If YES, indicate duration of contact (days, weeks, months, etc.): \_\_\_\_\_

If NO, indicate the last time you had contact with your noncustodial parent: Month \_\_\_\_\_ Year \_\_\_\_\_

**CHILD SUPPORT & LEGAL ORDERS**

Did your noncustodial parent pay child support for you in the previous year? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, indicate amount: \$ \_\_\_\_\_ /month

If NO: indicate the last year your noncustodial parent paid child support for you: \_\_\_\_\_

Are child support payments currently garnished (or have they been) from your noncustodial parent's wages? YES \_\_\_\_\_ NO \_\_\_\_\_

*Noncustodial Parent Waiver Appeal Form*

---

Are there any legal orders that limit your noncustodial parent's contact with you?

YES \_\_\_\_\_ NO \_\_\_\_\_