

**Tufts University School of Dental Medicine  
Financial Aid Office, Suite 1511  
1 Kneeland Street, Boston, MA 02111**

**2020-2021 Non-Custodial Parent Waiver Form**

**Instructions:** Financial information is required from both natural parents to determine a student's financial aid award. If you are petitioning that an exception be made to the requirement of financial information from your non-custodial parent, please complete this form in its entirety. Unwillingness from your non-custodial parent to provide financial information, is not by itself, grounds for a waiver. The Financial Aid Office will consider the frequency of contact you have had with your non-custodial parent since you graduated from high school, in addition to the information provided in your written statement and the supportive documentation submitted.

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Tufts Student ID # \_\_\_\_\_  
Street Address \_\_\_\_\_ Email Address \_\_\_\_\_  
City, State and Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

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**STATUS OF THE STUDENTS'S BIOLOGICAL/ADOPTIVE PARENTS**

Please report your biological/adoptive parent's current marital status by checking the appropriate box below and reporting the year that status began. If your parents are divorced, please list both the year of separation and the year of divorce.

- Separated; year of separation (\_\_\_\_\_)
- Divorced; year of separation (\_\_\_\_\_)  
year of divorce (\_\_\_\_\_)
- Never married to each other and currently do not share the same household; year of separation (\_\_\_\_\_)
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**NONCUSTODIAL PARENT INFORMATION**

Please provide information about your noncustodial parent. Provide all of the information you know. If you do not know one of the requested pieces of information, report it as "unknown".

Non-Custodial Parent Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Email Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone Number \_\_\_\_\_  
State and Zip \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

**Answers to the following questions will help us understand the nature of your relationship with your non-custodial parent. Provide information to the best of your knowledge.**

Has your noncustodial parent ever claimed you as a dependent on a federal tax return?  Yes  No  Unknown

If yes, indicate the most recent tax year that occurred (\_\_\_\_\_)

Has your noncustodial parent remarried?  Yes  No  Unknown

If yes, indicate the year this occurred (\_\_\_\_\_)

Does your noncustodial parent have children other than those reported in the custodial household?  Yes  No  Unknown

If yes, how many additional children does your noncustodial parent have? (\_\_\_\_\_)

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**CHILD SUPPORT INFORMATION**

Has your noncustodial parent ever paid child support for you?  Yes  No  Unknown

If yes, please answer the following:

Indicate the most recent tax year in which it was paid (\_\_\_\_\_)

How much was paid for you that year? (\_\_\_\_\_)

Was the child support court ordered?  Yes  No  Unknown

If the child support was court ordered, did it require that your noncustodial parent's wages be garnished?  Yes  No  Unknown

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**FREQUENCY OF CONTACT**

Have you had contact with your non-custodial parent since your High School graduation?  Yes  No

If yes, please answer the following:

Report how often you had contact with your noncustodial parent

Weekly  Monthly  Other  No contact in past year

What was the nature of the contact (letter/email, phone call/text, Facebook/online, visit, other)

\_\_\_\_\_

Are there any legal orders that limit your noncustodial parent's contact with you?  Yes  No

If yes, please attach documentation (i.e. restraining order, police report, or divorce decree).

Report the documentation you are sending in the "supporting documentation" section on page three.

**THIRD PARTY STATEMENT**

A written statement or letter from a third party (counselor, social worker, teacher, or clergy) that verifies the amount of contact you have with your noncustodial parent is required. Statements from family members or attorneys are not accepted.

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**STATEMENT FROM THE APPLICANT**

In the space below, provide a written statement regarding your relationship with your noncustodial parent. Provide as much detail as possible. Include any additional information that would help us to better understand why you believe TUSDM Financial Aid Office should waive any financial information or contribution from your noncustodial parent. You may attach additional pages if necessary.

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**SUPPORTING DOCUMENTATION**

Indicate which supporting documentation you have included:

- Third Party Documentation
  - Copy of police report or restraining order
  - Other documents (list): \_\_\_\_\_  
\_\_\_\_\_
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**CERTIFICATION AND SIGNATURE**

**I certify that all information on this form is true and complete to the best of my knowledge.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Custodial Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: WE CANNOT ACCEPT TYPED OR ELECTRONIC SIGNATURES. ALL SIGNATURES MUST BE REAL.**