



IDOC: B035

Student Financial Services
College Hall 106
Northampton, Massachusetts 01063
(413) 585-2530 Fax (413) 585-2566

Non-Custodial Parent Waiver Petition

It is Smith College policy to calculate institutional financial aid eligibility for all applicants and students on their complete households and on all parental figures regardless of whether the parents live together or are legally recognized.

Smith College requires non-custodial parent financial aid application material based on the student's response on the CSS Profile to the Biological/Adoptive Parents Marital Status question and other financial aid application information.

By completing this form, you are petitioning for Smith College to make an exception to the requirement that your non-custodial parent submit financial aid application material. Please note that we treat all information received with the greatest respect and confidentiality. In cases of single adoptive parents and single parent of donor conceived child please complete sections 1, 2, 3, and 5 and disregard section 4.

1. STUDENT INFORMATION

Name: \_\_\_\_\_ Smith ID: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

2. HOUSEHOLD INFORMATION

Who lived in your household when you were born or adopted? (Please list name and relationship to student for each.)

Blank lines for household information

Is there anyone else whom you consider a parental figure or who helps provide financial support? (Please list name and relationship to student for each.)

Blank lines for parental figure information

3. REQUIRED STATEMENTS

STUDENT STATEMENT (Required)

Attach a statement, in your own words, with any additional information that would help us better understand the circumstances that you believe make it appropriate for us to waive any financial information from your non-custodial parent.

CUSTODIAL PARENT STATEMENT (Required)

Attach a statement, in your own words, with any additional information that would help us better understand the circumstances that you believe make it appropriate for us to waive any financial information from the student's non-custodial parent.

THIRD PARTY STATEMENT (Not required for single parent adoptions or donor conceived children)

Attach a statement from a third party professional that verifies the details of your relationship with your non-custodial parent or to confirm that there is only one parental figure in your life.

knows you in a professional capacity (e.g. counselors, clergy, physician, etc.) and must be provided on official letterhead. Please have the third party specify the nature and duration of your non-custodial parent's relationship to you or your family. Letters from family members, family friends or your custodial parent's attorney are not acceptable.

#### 4. NON-CUSTODIAL PARENT INFORMATION

Non-Custodial parent name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital status of your parents  Divorced/Separated  Never married

If divorced or separated, indicate the year of divorce or separation. \_\_\_\_\_

Has your non-custodial parent ever claimed you as a dependent on a federal tax return? \_\_\_\_\_

If yes, indicate the most recent tax year that this occurred. \_\_\_\_\_

Has your non-custodial parent remarried? \_\_\_\_\_

If yes, indicated the year this occurred. \_\_\_\_\_

#### FREQUENCY OF CONTACT

Have you had contact with your non-custodial parent in the past year? \_\_\_\_\_

If no, indicate the last time you had contact with him/her. \_\_\_\_\_

What was the nature of the contact? (e.g., visit, phone call, letter, etc.) \_\_\_\_\_

If yes, indicate how many times you had contact with him/her. \_\_\_\_\_

What was the nature of the contact? (e.g., visit, phone call, letter, etc.) \_\_\_\_\_

Are there any legal orders that limit your non-custodial parent's contact with you? \_\_\_\_\_

If yes, please attach documentation (i.e., restraining order, divorce decree, etc.)

#### CHILD SUPPORT INFORMATION

Did your non-custodial parent pay child support in 2020? \_\_\_\_\_

If yes, indicate the amount he/she paid in 2020: For you \$ \_\_\_\_\_ other children \$ \_\_\_\_\_

If no, when was the last year child support was paid on your behalf? \_\_\_\_\_

#### 5. CERTIFICATION

I certify that all the information provided on this form is accurate to the best of my knowledge.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custodial parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: **Student Financial Services**  
**College Hall 106**  
**Northampton, MA 01063**

**Email: sfs@smith.edu**

**Fax: (413) 585-2566**

#### INTERNAL USE ONLY

Committee Review:  Approved  Denied Initials: \_\_\_\_\_ Date: \_\_\_\_\_