



Sacred Heart
UNIVERSITY

Office of Student Financial Assistance

CSS Non-Custodial Parent Waiver Request

Last Name: _____ First Name: _____ SHU ID: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone Number: _____

Please explain below the nature of your family circumstances which you feel make it necessary to waive the CSS Non-Custodial Parent Profile. Be sure to provide as much detail as possible. Attach any and all legal documents that apply to your situation such as a death certificate, restraining order, proof of incarceration, etc.

Additionally, you are required to submit a **Notarized** letter from a third party (counselor, clergy, teacher, attorney, etc.) who has knowledge of and is able to support your need to waive the CSS Non-Custodial Parent Profile. Letters from family members will not be considered unless they contain information above and beyond what a third-party can provide. **If the student's birth certificate or adoption paperwork only lists one parent, please send a copy of that documentation in lieu of a third party statement.**

By signing below, I/we certify that the information is accurate and complete to the best of my/our knowledge and acknowledge that information found to be in error may result in a change to the student's eligibility for institutional need-based aid.

Student Signature: _____ Date: _____

Custodial Parent Signature: _____ Date: _____

This document may be submitted to the Office of Student Financial Assistance ONLY via [SHUAwards](#) (Menu > My Documents > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.

5151 Park Avenue, Fairfield, CT 06825 203-371-7980 (phone) 203-365-7608 (secure fax)