OXY FINANCIAL AID
NON-CUSTODIAL PROFILE
WAIVER REQUEST
2012-2013

STUDENT'S NAME: _____

Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041
323.259.2548 ~ 323.341.4961 (fax) ~ finaid@oxy.edu ~ www.oxy.edu/finaid

Non-custodial Parent Name: _____ **Telephone:**_____

Address:_____
Street City State Zip Code

E-mail: _____

Employer: _____ **Occupation:** _____

Status of student's biological parents: [ ] Divorced; year _____

[ ] Separated; year _____

[ ] Never Married to Each Other and Living Separately

[ ] Other; please explain _____

Has the non-custodial parent ever claimed the student as a dependent on a federal tax return? [ ] Yes [ ] No

If Yes, list year(s): _____

Does the non-custodial parent pay child support for the student? [ ] Yes [ ] No

If Yes, list yearly amount: _____

When does child support for the student end? _____

Does the student receive any other monetary support from the non-custodial parent? [ ] Yes [ ] No

If Yes, list yearly amount: _____

Does the student have communication with the non-custodial parent? [ ] Yes [ ] No

If Yes, list frequency: _____

Please provide a statement describing your (the student) relationship to your non-custodial parent. You may attach a separate sheet if necessary.

CERTIFICATION

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature **Date**

Custodial Parent Signature **Print Name** **Date**