

Professional Judgment Form  
Waiver of Parental Information

This form is to be completed by the student **and** the contributor of a dependent student that are refusing to provide parental information on the 2024-2025 FAFSA application and are no longer providing any support to their dependent child. Please fill out this form and sign the certification below for the Office of Financial Aid to determine if you qualify for a professional judgment. **If approved, the dependent student will only be considered for an Unsubsidized Direct Loan and is required to complete the online loan application.** Please fill out this form entirely in order for the Financial Aid Office to determine if you qualify for a professional judgment.

**1. To be completed by student:**

Student's Last Name	Student's First Name	Student's M.I.	Student's Jackson College ID
---------------------	----------------------	----------------	------------------------------

Student's Street Address (Include Apt. #)	Student's Date of Birth
---	-------------------------

City	State	Zip Code	Student's Primary Phone #
------	-------	----------	---------------------------

**2. To be completed by contributor (parent):**

Contributor's Last Name	Contributor's First Name	Contributor's M.I.
-------------------------	--------------------------	--------------------

Contributor's Street Address (Include Apt. #)	City	State	Zip Code
---	------	-------	----------

I \_\_\_\_\_ am the contributor of \_\_\_\_\_ and have stopped providing financial (cash and non-cash) support since (date) \_\_\_\_\_. I am also no longer going to be providing any financial support (cash and non-cash) in the future. In addition to the cessation of support, **I will also not be providing any insurance coverage or claiming my dependent student on a tax return.** By signing this form, I am also indicating my refusal to provide information on the FAFSA form.

*Both student and contributor are to sign this form indicating that they understand and agree to the terms and conditions of this document.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contributor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed form may be returned to our secure document site: [www.jccmi.edu/securedocuments](http://www.jccmi.edu/securedocuments).

1. Choose Financial Aid under the Central Campus Departments heading.
2. Choose "Click here to select files from your computer" and select the required document.
3. Click "Start Upload" and wait for your document to be uploaded to Iron Box.