2026-2027 Non-Custodial Parent Waiver Request

Last Name [please print clearly]	First Name	МІ	Date			
Oberlin ID Number [or SSN optional]	Date of Birth		Daytime Phone Number			
Address [include apt. #]						
City State	Zip Code					
Financial information is required from both na from Oberlin. By completing this form, you are information from your Non-Custodial Parent. if a waiver of the Non-Custodial Parent Statem	e petitioning that an exc The Oberlin Financial Ai	eption be ma	ade to Oberlin's requirement of financial			
Section A: N Please do not leave any blanks – if req	Ion-Custodial Pa					
n-Custodial Parent Name		Occupation				
Address [include apt. #]			E-Mail Address			
City State	Zip Code		Daytime Phone Number			
	Section B: Sta	tus				
Marital status of your Natural Parents: ☐ Never Married ☐ Divorced/Separated as of mm/yyyy Marital status of your Non-Custodial Parent: ☐ Remarried ☐ Not Remarried						
Does your Non-Custodial Parent have other children: ☐ Yes ☐ No						
Have you had contact with your Non-Custodial Parent in the past year: ☐ Yes ☐ No						
If no, when was the last time you had contact with your Non-Custodial Parent?						
What was the nature of the contact [le	tter, visit, phone call, etc	.]	пшиуууу			
Are there any legal orders that limit your Non-O If so, please attach documentation [i.e						
Did your Non-Custodial Parent pay child suppo	ort in 2024 ?	l No				
If yes, indicate the total amount paid in	for you, the st	udent	for all other children			
If no, indicate the last year that your N	on-Custodial Parent paid	d child suppo	INOn-Custodial Waiver Request 9/2025]			

Please provide additional details that would help us to bett appropriate for Oberlin not to require any financial informa LEAVE BLANK. If you need additional space, you may a documentation to substantiate or expand upon the details a waiver of the Non-Custodial Parent Statement, Oberl typically from counselors, ministers or other professions.	tion or cont ttach addition that you ha lin will nee d	ribution from your Non-Cust onal pages. Also attach any ve provided. <i>In order to co</i> d a letter from a 'Third Pal	odial Parent. <u>DO NOT</u> applicable applete your request for
Section D: Cer	tificatio	n Statement	
I certify that I have provided true and complete information	n regarding	my Non-Custodial Parent a	nd our relationship.
Student Signature	Date	E-mail address [please print]	
Custodial Parent Signature	Date	E-mail address [please print]	[Non-Custodial Waiver Request 9/2025]

Section C: Additional Details