



Your Other Parent

Your financial aid application indicates that your biological parents do not live together. Please complete the information below to the best of your ability. Fax the completed form and, if needed, supporting documentation to (212) 947 - 8592. Mail may be sent to the address below.

Student Name: _____

Student's Social Security Number: _____

Name & address of parent with whom you reside: _____

Were your parents ever married? _____

If so, please provide the date of divorce or physical separation: _____

If not, when was the last time (approximately) you had contact with your other parent:

Which parent has legal custody? _____

When will (did) child support end for you? _____

Child support received per month for all other siblings in 2010: \$ _____ (exclude yourself)

Has your custodial parent remarried? Yes _____ No _____ If yes, date of remarriage: _____

Have you been adopted by this stepparent? (If so, indicate date) _____

PLEASE USE REVERSE SIDE FOR ANY FURTHER EXPLANATION

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

International University of Nursing requires personal and financial information from the "noncustodial parent" as part of the financial aid process. Any request to waive this requirement must be accompanied by a letter from a disinterested third party such as a lawyer, clergyman, social worker, guidance counselor or similar professional. The letter must explain why you cannot contact your noncustodial parent.