



PJU26

## 2025-2026 Unsubsidized Loan Request For Dependent Student Lacking Parental Support / Information

*Please Use Black or Blue Ink*

Student Legal Name:	OSU Student ID ("A" plus 8 digits)							
	A							

When you completed the 2025-2026 Free Application for Federal Student Aid (FAFSA), you were considered a dependent student but indicated you would not be providing parental information since you are only applying for unsubsidized loan.

To have your eligibility for this type of federal financial aid determined, please have your parents complete the following information in the presence of a notary. Online notaries are not acceptable.

<b>Section I (to be completed by Parent 1):</b>
Please check if the following applies, otherwise proceed to Section II:
<input type="checkbox"/> I refuse to complete the 2025-2026 FAFSA application on my student's behalf. (Skip to the Certification/Signature Section for Parent 1)

<b>Section II (to be completed by Parent 1):</b>		
Circle "YES" or "NO" to the following questions. Do not leave any answer blank.		
1. Does/will the student live with you (the parent), during school and/or during any breaks from school?	YES	NO
2. Is the student included or will the student be included on your auto and/or health (medical/dental/vision) insurance policy OR do/will you make payments towards a policy in the student's name?	YES	NO
3. Do/will you provide a car for the student to drive on a regular basis or contribute towards any other transportation-related expenses (car payments, repair/maintenance, gas)?	YES	NO
4. Do/will you make any tuition or fee payments and/or any other payments to the student's Bursar bill?	YES	NO
5. Do/will you make any payments or contribute monetarily for books, housing expenses, meals, transportation, and/or personal/miscellaneous expenses (including but not limited to clothing, toiletries, medical bills/prescriptions, entertainment, vacations, cell phone bill) for the student?	YES	NO
6. Do you own a 529/Prepaid Tuition Plan or Coverdell Account for which the student is the beneficiary?	YES	NO
7. Will you borrow a Parent PLUS Loan on the student's behalf and/or co-sign on a private educational student loan application for the student?	YES	NO
If all the answers are no, indicate the date <u>any</u> financial support from you to the student ended: _____		

Student Legal Name \_\_\_\_\_

Student OSU Student ID \_\_\_\_\_

**Certification/Signature for Parent 1 *(must be witnessed by a Notary Public):***

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Parent's Signature \_\_\_\_\_  
*(Stylus or ink pen only)*

\_\_\_\_\_ Date

Printed Legal Name of Parent Who Signed Above \_\_\_\_\_

**Notary Public Certification/Signature *(to identify/witness Parent 1):***

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's Name)

personally appeared, \_\_\_\_\_, and proved to me on the basis of satisfactory  
(Name of Parent 1)

evidence of identification \_\_\_\_\_ (valid until: \_\_\_\_\_)  
(Type of Unexpired Government-Issued Photo ID Provided) (Expiration Date of Photo ID)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and office seal**

Place Seal or Stamp Here

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_  
(Date)

Student Legal Name

Student OSU Student ID

**Section III (to be completed by Parent 2):**

Please check if the following applies, otherwise proceed to Section VI:

- ☐ I refuse to complete the 2025-2026 FAFSA application on my student's behalf.  
(Skip to the Certification/Signature Section for Parent 2)

**Section IV (to be completed by Parent 2):**

Circle "YES" or "NO" to the following questions. Do not leave any answer blank.

6. Does/will the student live with you (the parent), during school and/or during any breaks from school?	YES	NO
7. Is the student included or will the student be included on your auto and/or health (medical/dental/vision) insurance policy OR do/will you make payments towards a policy in the student's name?	YES	NO
8. Do/will you provide a car for the student to drive on a regular basis or contribute towards any other transportation-related expenses (car payments, repair/maintenance, gas)?	YES	NO
9. Do/will you make any tuition or fee payments and/or any other payments to the student's Bursar bill?	YES	NO
10. Do/will you make any payments or contribute monetarily for books, housing expenses, meals, transportation, and/or personal/miscellaneous expenses (including but not limited to clothing, toiletries, medical bills/prescriptions, entertainment, vacations, cell phone bill) for the student?	YES	NO
6. Do you own a 529/Prepaid Tuition Plan or Coverdell Account for which the student is the beneficiary?	YES	NO
7. Will you borrow a Parent PLUS Loan on the student's behalf and/or co-sign on a private educational student loan application for the student?	YES	NO

If all the answers are no, indicate the date any financial support from you to the student ended: \_\_\_\_\_

**Certification/Signature for Parent 2 (must be witnessed by a Notary Public):**

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Parent's Signature (Stylus or ink pen only)

Date

Printed Legal Name of Parent Who Signed Above

Student Legal Name \_\_\_\_\_

Student OSU Student ID \_\_\_\_\_

**Notary Public Certification/Signature (to identify/witness Parent 2):**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's Name)

personally appeared, \_\_\_\_\_, and proved to me on the basis of satisfactory  
(Name of Parent 2)

evidence of identification \_\_\_\_\_ (valid until: \_\_\_\_\_)  
(Type of Unexpired Government-Issued Photo ID Provided) (Expiration Date of Photo ID)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and office seal**

Place Seal or Stamp Here

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_  
(Date)

**Return to:**

Office of Scholarships and Financial Aid  
119 Student Union, Stillwater, OK 74078-5061

The above indicated documentation must either be provided in person or sent to the OSU Office of Scholarship and Financial Aid via postal mail. Faxed, emailed or uploaded copies are not acceptable.

**Questions?**

Email: [finaid@okstate.edu](mailto:finaid@okstate.edu)

Phone: (405) 744-6604

Web: [financialaid.okstate.edu](http://financialaid.okstate.edu)

**FINANCIAL AID OFFICE USE ONLY**

☐ Meets Eligibility Requirements

☐ Routed to Loans – Date: \_\_\_\_\_

☐ Does Not Meet Eligibility Requirements

☐ Notification to Refile Sent to Student – Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_