# 2017-2018 Noncustodial Parent Waiver Petition

## Duke University

While parents have the primary responsibility to pay for their child’s education, Duke University recognizes that family circumstances may vary, and there can be situations that prevent the completion of the noncustodial parent application. If you would like to request a waiver of your noncustodial parent information, complete the form below.

### Student Information

| Name: ________________________________ | Social Security Number: ________________________________ |
| Permanent Address: ________________________________ | E-mail Address: ________________________________ |
| Telephone Number: ________________________________ |

### Noncustodial Parent Information

| Noncustodial Parent Name: ________________________________ |
| Telephone Number (if known): ________________________________ |
| Address (if known): ________________________________ |

**If any of the information that we are asking is not known, please indicate “unknown” in the appropriate blank(s).**

Marital status of your natural parents:

- [ ] Divorced/Separated  
- [ ] Never married

If divorce/separated, indicate the year of divorce/separation.

Are there any legal orders that limit your noncustodial parent’s contact with you? (if yes, please describe in the explanation section or attach documentation if available.)

- [ ] YES  
- [ ] NO

Please describe the history of financial support provided by your noncustodial parent (child support, tuition payments, gifts, etc.):

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

Please describe the relationship between you and your noncustodial parent and why you are requesting a waiver of your information. (Attach a sheet if necessary.)

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

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______________________________________________________________________________________________________________
We have found that the more information we have, the easier it is for our office to make a determination regarding noncustodial information. **If you have any documentation you feel is important or supporting letters from others close to your situation (including: counselors, teachers, mentors, therapists, clergy, or others), please include those as an attachment to this form.**

If we have any follow-up questions or need additional information, we’ll reach out to you via email to let you know. You should hear back regarding a decision or any follow-up questions within 5 to 10 business days from the time you submit this form.

Please submit this form and any documentation to our office via mail, email, or fax.
2127 Campus Drive Annex, Box 90397, Durham, NC 27708
Email: finaid@duke.edu
Fax: 919-660-9811

**Internal Use Only**

Committee Review Date: ___________  □ Approved  □ Denied  Initials: ___________
Counselor Comment Section:  ____________________________________________________________________

07/17