

## PARENT WAIVER REQUEST

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 a second parent from completing the CSS Profile. Please complete the information below to request a waiver of a parent's information:

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### STUDENT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_

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### PARENT INFORMATION (for the parent you wish to waive)

Note: If any information is unknown, write "unknown" in the appropriate blanks.

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital status of your biological or adoptive parents:      Divorced/Separated      Never Married

If divorced/separated, indicate year of divorce/separation: \_\_\_\_\_

Are there any legal orders that limit your parent's contact with you?      Yes      No

If yes, please describe in the explanation section or attach documentation if available.

Please describe the history of financial support provided by the parent whose information you are requesting to waive (child support, tuition payments, gifts, etc.):

Please continue to the next page



Please describe the relationship between you and your parent and why you are requesting a waiver of their information (attach a sheet if necessary):

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### SUBMISSION INSTRUCTIONS

We have found that the more information we have, the easier it is for our office to make a determination regarding parent 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](mailto:finaid@duke.edu)

Fax: 919-660-9811

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**Internal Use Only**

Committee Review Date: \_\_\_\_\_

Committee Decision: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

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

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

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