REED COLLEGE
2015-16 Noncustodial PROFILE Waiver Request

Reed College’s policy requires financial information from both natural/adoptive parents to determine a student’s eligibility for institutional grant funds. By completing this form, you are petitioning for an exception to be made to the requirement of providing financial information from your noncustodial parent.

In addition to completing this form, attach any applicable documentation to substantiate or expand upon your situation (see Supplemental Statement section on second page of this form).

Return the completed form, along with documentation, to:
Financial Aid Office
Reed College
3203 SE Woodstock Blvd
Portland, Oregon 97202
Fax: 503-788-6682

Student Information
Name: ________________________________  Reed ID: ____________________

Permanent Address: __________________________________________________________________________

Email Address: ______________________________________  Telephone Number: _____________________

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

Noncustodial Parent Name: ___________________________________________________________________

Address: ___________________________________________________________________________________

Occupation: _________________________________________________________________________________

Telephone Number: _________________________________________________________________________

• Marital Status of natural/adoptive parents:
  ☐ Divorced  ☐ Separated  ☐ Never Married
  If divorced/separated, indicate the year of divorce/separation: __________

• Has your noncustodial parent ever claimed you as a dependent on a federal tax return?
  ☐ Yes  ☐ No
  If yes, indicate the most recent tax year that this occurred: __________

• Has your noncustodial parent remarried?
  ☐ Yes  ☐ No
  If, yes, indicate the year that this occurred: __________

• Does your noncustodial parent have other children:
  ☐ Yes  ☐ No
  If yes, indicate how many: __________
Frequency of Contact

• Have you had contact with your noncustodial parent in the past year?
  □ Yes □ No
  If no, indicate the last time you had contact with him/her: __________________________
  What was the nature of the contact (e.g., letter, visit, phone) _________________________________
  ______________________________________________________________________________________

• Are there any legal orders that limit your noncustodial parent’s contact with you?
  □ Yes □ No
  If yes, please attach documentation (i.e. restraining order, police report, or divorce decree)

Child Support Information

• Did the noncustodial parent pay child support in 2014?
  □ Yes □ No
  If yes, indicate the total amount he/she paid in 2014: For the student: $____________________
  For other children: $____________________
  If no, indicate the last year that he/she paid child support: _______________________________

Supplemental Statement:
Please provide a statement that will help us to better understand the circumstances that you believe make it appropriate for us not to require any financial information or contribution from your noncustodial parent. Provide as much detail as possible and attach additional pages if necessary. You should also attach any applicable documentation to substantiate or expand upon your situation. Examples of required documentation include court rulings and letters from third parties (other than attorneys or family members). Please note that third-party letters should be from counselors, clergy, or other professionals close to the student’s situation. The person writing the statement must include his/her name, phone number, and relationship to the student. Letters from family members are not acceptable.

Certification
I certify that all the information provided on this form is true and complete to the best of my knowledge.

Student Signature_______________________________________________________ Date__________

Custodial Parent Signature_______________________________________________ Date__________

Internal Use Only: Approved □     Denied □     Initials________ Date__________