

# BENNINGTON COLLEGE

## Noncustodial Parent Waiver

While Bennington College makes every effort to assist families in financing a Bennington education, the primary financial responsibility remains with the family, which may include members of each parental household regardless of marital status. If your noncustodial parent has not been present or financially supportive, you should ask someone not related to you to write a statement confirming these circumstances. The Financial Aid Office may waive the requirement that a noncustodial parent submit information in the case of long-term abandonment or extended absence of support.

### STUDENT INFORMATION

Term beginning: \_\_\_\_\_  
MM/YY

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### CUSTODIAL PARENTAL INFORMATION

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

### NONCUSTODIAL PARENTAL INFORMATION (if known)

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Marital status of your parents: ☐ Divorced \_\_\_\_\_ ☐ Separated \_\_\_\_\_ ☐ Never Married  
YEAR YEAR

Are there any legal orders limiting your noncustodial parent's contact with you? ☐ Yes ☐ No

How many times did you have contact with your noncustodial parent in the past year? \_\_\_\_\_

When was the last time you had contact with your noncustodial parent? \_\_\_\_\_

Did your noncustodial parent pay child support last year? ☐ Yes \$ \_\_\_\_\_ ☐ No \_\_\_\_\_  
AMOUNT PAID LAST TIME SUPPORT PAID

Other than your custodial parent, has anyone named you as a beneficiary of life insurance or a trust fund OR provided regular financial or parental support, such as sharing household, medical, or educational expenses? ☐ No

☐ Yes, explain: \_\_\_\_\_

By signing below, I/we certify that the information above is true and correct to the best of my/our knowledge and belief. We are requesting a waiver for the noncustodial parent's documentation.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## THIRD-PARTY STATEMENT

This statement written in support of the noncustodial waiver can be completed by a guidance counselor, teacher, clergy, attorney, physician, long-term family friend, or any other person who is not related to the student. The statement should describe the third-party observations of the relationship (or lack thereof) between the student and the noncustodial parent.

NAME OF THIRD-PARTY PERSON COMPLETING THIS STATEMENT

RELATIONSHIP TO STUDENT

LENGTH OF ASSOCIATION TO STUDENT/FAMILY

ADDRESS

PHONE

EMAIL

Statement

By signing below, I certify that the information above is true and correct to the best of my knowledge and belief. I support the request to waive the documentation for the noncustodial parent.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Office use only

REVIEWED BY

DATE

☐ Approved ☐ Denied