



## FAFSA/CADAA Opt-Out Form



The Free Application for Federal Student Aid (FAFSA) or California Dream Act Application (CADAA) determines a pupil's eligibility for financial aid to assist with a pupil's attendance at a college or career school. California Education Code (CEC) § 51225.7 requires a local educational agency to confirm each 12th grade pupil's completion and submission of a FAFSA or CADAA unless the pupil is determined to be exempt or an opt-out form is completed by a legally emancipated pupil, a pupil who is 18 years or older, a legal guardian, or parent, or a local educational agency on a pupil's behalf. This **opt-out** form permits a pupil to opt out of the completion of a FAFSA or CADAA form.

If you wish to opt yourself or your pupil out of the Financial Aid Application requirement, please complete this form and return it to your local high school counselor by the date established at your local school district.

**Submitting a Financial Aid Application Opt-Out Form does not prohibit a pupil from completing and submitting a financial aid application at any time in the future.**

### PUPIL INFORMATION

|                                     |  |
|-------------------------------------|--|
| Pupil Name (First, Last)            |  |
| Date of Birth (Month, Day, Year)    |  |
| Statewide Student Identifier (SSID) |  |

**Option 1 – Pupil Authorization (emancipated or age 18 or older):** By signing this form, I have read the information on the reverse, I understand what the FAFSA and CADAA are, and I choose not to submit a completed financial aid application.

|                 |                    |      |
|-----------------|--------------------|------|
| Pupil Signature | Pupil Printed Name | Date |
|-----------------|--------------------|------|

**Option 2 – Parent or Guardian Authorization:** The pupil named on this form is under the age of 18. I am a legal guardian of the above-named minor, and by signing this form I have read the information on the reverse, I understand what the FAFSA and CADAA are, and I choose for my pupil not to submit a completed financial aid application.

|                  |                     |      |
|------------------|---------------------|------|
| Parent Signature | Parent Printed Name | Date |
|------------------|---------------------|------|

**Option 3 – Counselor Authorization:** My signature below certifies that reasonable efforts to fulfill obligations of the pupil have been made, but I have determined the pupil is unable to complete requirements of Education Code Section 51225.7.

|                     |                        |      |
|---------------------|------------------------|------|
| Counselor Signature | Counselor Printed Name | Date |
|---------------------|------------------------|------|

