



FLORIDA STATE UNIVERSITY
Office of Financial Aid

Name: _____

EMPLID: _____

Date: _____

Non-Filer Statement of Survival-Parent

I, _____, parent of _____; am officially stating that there was no employment, nor income and assets received in the tax year of _____. I was financially supported by _____.

List below the source(s) and amount(s) of all 2020 benefits received.

Source	Parent 1	Parent 2
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
	Total: _____	Total: _____

Non-filing Parent(s) Required to Sign

Parent 1 Signature

Date

Parent 2 Signature

Date

Florida State University's Use of Social Security Number policy is available at
http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/
282 Champions Way | P.O. Box 3062430 | University Center A4400 | Tallahassee, FL 32306
Phone: 850-644-0539 | Fax: 850-644-6404 | Email: financialaid@fsu.edu
www.financialaid.fsu.edu