Financial Aid Application Opt-Out Form		
Financial aid applications inform postsecondary institutions' decisions about student eligibility for federal, state, and institutional funds. Financial aid awards can help students pay for their educational expenses after high school.		
Each high school senior in a Texas public school district or open enrollment charter school must complete and submit a free application for federal student aid (FAFSA) or a Texas application for state financial aid (TASFA) as a state requirement for graduation. Texas Education Code §28.0256 allows a student to opt out of the financial aid application graduation requirement by submitting a signed form that authorizes the student to decline.		
To authorize a student to opt out of the financial aid application graduation requirement, the Financial Aid Application Opt-Out Form must be signed by <u>one</u> of the following:		
OPTION I: A student age 18 years or older or emancipated min OPTION II: The student's parent or guardian and the student OPTION III: A school counselor, for good cause as determined by	•	·
Students under 18 years of age may only be authorized to decline	e under OPTION II or	OPTION III.
Student Printed Name:		Date of Birth:
District/Charter School: Eanes ISD	Campus: Westlake High School	
Submitting a Financial Aid Application Opt-Out Form does not prohibit a student from completing and submitting a inancial aid application at any time in the future.		
OPTION I: STUDENT AUTHORIZATION		
My signature below certifies that I am 18 years of age or older of complete and submit a financial aid application on my own beha	•	inor and am authorized to decline to
Student Signature:		Date:
OPTION II: PARENT AUTHORIZATION		
My signature below authorizes my child to decline to complete and submit a financial aid application.		
Parent/Legal Guardian Signature:		Date:
Parent/Legal Guardian Printed Name:		
I am under the age of 18 and with my parent's authorization, I do	ecline to complete ar	nd submit a financial aid application.
Student Signature:		Date:
OPTION III: COUNSELOR AUTHORIZATION		
My signature below certifies that reasonable efforts to fulfill oblicause I have authorized the student to decline to complete and s	-	
School Counselor Signature:		Date:
School Counselor Printed Name:		
I am under the age of 18 and with my counselor's authorization, I decline to complete and submit a financial aid application.		
Student Signature:		Date: