



**LOUISBURG
COLLEGE**

501 N Main St.
Louisburg, NC 27549
finaid@louisburg.edu
(919) 497-3228

2024-2025 FAFSA Opt-Out

STUDENT NAME: _____ STUDENT ID: _____

Please read carefully, sign and return to the financial aid office.

By signing this document, I am formally notifying the Louisburg College Financial Aid Office that my family and I have decided to not fill out the FAFSA. By not filling out the FAFSA, I understand that I will not be considered for any Federal Aid. I also understand that any outstanding balance for my attendance at Louisburg College will be my responsibility.

Student Name _____ Student ID# _____
(Please Print)

Student Signature _____ Date: _____

**If you are a dependent student, please also include requested parent information below.*

Parent Name _____ SSN # _____

(Please Print)

Parent Signature _____ Date: _____

