



# LEHIGH UNIVERSITY®

## 2024-2025 Request for Waiver of Noncustodial Profile/Parent Statement

Student Name: \_\_\_\_\_ Lehigh Identification Number (LIN): \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

It is the policy of Lehigh University and many colleges nationwide to require noncustodial parent information via the Noncustodial Parent Profile as part of the review process for all applicants whose natural parents are divorced or separated. Information that you have provided suggests that you may have difficulty in meeting this requirement. If this is the case, complete this form, **attach your written statement and third-party documentation**, and return it to our office so that our committee may review the information and determine if a waiver will be granted. Please note that if the committee waives the information from the noncustodial parent, we may continue to calculate an assumed contribution from the noncustodial parent.

If your custodial parent is remarried, please indicate the date he/she remarried: \_\_\_\_\_

### NONCUSTODIAL PARENT INFORMATION:

Noncustodial Parent Name: \_\_\_\_\_ Date of Divorce/Separation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### CHILD SUPPORT INFORMATION:

Amount of child support received for student in 2022: \_\_\_\_\_ Total received for other children: \_\_\_\_\_  
 If no support was received for student in 2022, indicate the last year received and amount:  
 Was there a legal settlement with respect to child support? \_\_\_\_\_ If yes, attach a copy.  
 Which parent last claimed the student as a dependent on their Federal tax return? \_\_\_\_\_

### CONTACT INFORMATION:

How often have you had contact with your noncustodial parent in the last 12 months? \_\_\_\_\_  
 What was the nature of the contact? \_\_\_\_\_  
 Is he/she aware of your desire to attend Lehigh University? \_\_\_\_\_

### SUPPLEMENTAL INFORMATION:

When requesting a waiver of the Noncustodial Profile/Parent Statement, **you must also include a student statement explaining the relationship with the noncustodial parent and a letter from a professional third party** (other than an attorney or family member) who can confirm the information you are providing. Be sure that the person writing on your behalf includes their name, address, phone number and relationship to the student (teacher/counselor/clergy).

Please feel free to attach a letter to describe any other aspects of your relationship with your noncustodial parent that you believe to be relevant to the committee's waiver decision. All information in our office is treated confidentially. The information reported on this form is correct and complete to the best of our knowledge.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ CUSTODIAL PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please submit to Lehigh University's Office of Financial Aid  
 Via Document Upload Center at [go.lehigh.edu/finaiddoccenter](https://go.lehigh.edu/finaiddoccenter), by mail for by fax (610)758-6211  
 You may also contact our office at (610)758-3181 or [financialaid@lehigh.edu](mailto:financialaid@lehigh.edu)