

**ATLANTA METROPOLITAN COLLEGE
FINANCIAL AID OFFICE
1630 METROPOLITAN PARKWAY
ATLANTA, GA 30310
(404) 756-4002**

Parent Certification of Cessation of Support (PCCS)

Student Name: _____

Student AMC ID#: _____

Date of Birth: _____

I certify that I refuse to provide my child with personal and financial information to accurately complete the Free Application for Federal Student Aid (FAFSA). The FAFSA is the application used to determine financial aid eligibility for federal grants, loans, and work study jobs on campus.

I certify I do not and will not provide financial support for the student above now or in the future.

The date I stopped providing financial support for the student above was:
_____ (Month, day, year)

I understand that I am not eligible to borrow a Federal PLUS loan after I sign this statement.

Parent Name: _____

Parent Signature: _____

Date of Signature: _____