



**DONALD AND BARBARA  
ZUCKER SCHOOL of MEDICINE  
AT HOFSTRA/NORTHWELL.**

## Parent Information Waiver Request

Zucker School of Medicine  
Office of Student Finance  
500 Hofstra University  
Hempstead, NY 11549-5000  
email: [medicine.finaid@hofstra.edu](mailto:medicine.finaid@hofstra.edu)  
phone: 516.463.7523  
fax: 516.463.7540

The Office of Student Finance requires parents' financial information on all Institutional Financial Aid applications that will assist in determining eligibility for institutional aid (scholarship/North Shore-LIJ Health loan). If a student is unable to acquire this information due to certain situations/circumstances, students may submit this form requesting a parent's financial information to be waived. Required supporting documentation as outlined below **must** be submitted along with this request.

### REQUIRED DOCUMENTATION:

1. A separate personal statement explaining your family circumstances in letter format, signed and dated
2. Two (2) letters of reference from individuals (non-family) submitted on their letterhead containing contact information (name, address, phone number and/or email address), signed and dated. The individual writing the letter must provide adequate detail regarding your situation.
  - Acceptable persons include counselors, clergy members, lawyers, physicians, and educators
3. Legal documents, such as an order of protection and/or family offense petition, will be accepted in lieu of the two reference letters indicated above.

### Section 1: STUDENT INFORMATION

Academic Year: \_\_\_\_\_

Year in school:     MS1                       MS2                       MS3                       MS4

Student Name: \_\_\_\_\_ 700 Hofstra ID: \_\_\_\_\_

### Section 2: PARENT INFORMATION

Parent Name: \_\_\_\_\_

Have you had contact with your parent within the last year?     Yes             No

If you answered **no** to the question above, when was the last time that you were in contact with your parent?

- \_\_\_\_ years ago                       I do not recall the last time I was in contact with him/her

### Section 3: STUDENT CERTIFICATION

I hereby attest that all information provided on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date