



STATE OF ALABAMA
DEPARTMENT OF EDUCATION



Eric G. Mackey, Ed.D.
State Superintendent of Education

FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) NON-PARTICIPATION WAIVER
GRADUATING CLASS OF 2024

School District Name:		Baldwin County Public Schools			
School Name:					
Student First Name:					
Student Middle Name:					
Student Last Name:					
Parent/Legal Guardian Name:					
Date of Birth:					
Home Address:					
City:		State:		ZIP:	
Telephone:		Email Address:			

I have read the information on page 2 and understand that requesting a non-participation waiver does not prohibit my student from completing and submitting the Free Application for Federal Student Aid (FAFSA) at any time in the future. I certify that I am the parent or legal guardian of the student listed above, or I am the student listed above and I am at least 18 years of age, or I am a legally emancipated minor.

Signature:	
Printed Name:	Date:

School Principal:
School Counselor:
LEA Superintendent: 