

## 2017 – 2018 Declaration to Waive the Minnesota State Grant and Child Care Grant

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Student I.D. #

Please indicate why you are waiving your right to the Minnesota State Grant and Child Care Grant:

☐ I am unable to provide my transcript(s), but I plan to.

**\*NOTE : It is the student's responsibility to notify the financial aid office to review the transcript when it is provided.  
Disbursement will be based on eligibility at the time of submission.**

☐ I am unable to provide my transcript(s), and will not acquire them this academic year.

☐ Other: \_\_\_\_\_

By signing this waiver, you are certifying that you are voluntarily relinquishing any and all rights to the 2017-2018 Minnesota State Grant and Child Care Grant.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date