Dependency Override Request Form

Student ID Number	Student Las	ast Name								Student First Name											
In exceptional or extra This allows a studen information on the fin financial aid is not override.	t who is norma ancial aid appli	ally concation.	nside A p	ered d arent	epen 's re	dent fusa l	to ap	ply sist	for f	inanc ovid	ial e in	aio fo	d w rma	ith ati	out on	t р fo i	rovi r the	ding e pur	pare pos	enta es o	
Student Current A	Student Current Address:			Father (if known)								Mother (if known)									
Name	Jame			Name								Name									
Address		Ad	dress						_	Ā	ddres	SS								_	
City State	Zip	Cit	y			State		Zip	_	C	ity					Sta	ate		Zip	_	
Phone Number		Pho	ne Nu	ımber					_	Pl	none l	Nu	ımbe	r						_	
	•Unusual circument threatens the substance of the substan	tudent's t provid	heale: ba	th or s	afety, and in	or th	e stude ation re	ent b egar	eing u ding e	nable strang	to lo	oca ela	ate h	nis/ ishi	her	pa	rents	.	hen		
Documentation	Documentation for the decisionDocumentation with knowledge	n must s n. n may ir e of the	uppo iclud unus	ort the sour e: cour oual cir	situati t doc cums	on de umen tance	scribe t, polic s of the	d in ce re	the sta ports, dent.	teme or sig Γhird	nt an	id i	inclu ters	ude fro	om t	hir					
Third Party Letters	 professional individuals must be on company/business letterhead. Letters from people outside your immediate family confirming or explaining the situation in detail. Each letter must describe the relationship to student or student's family, and the length of time the relationship existed. 																				
Si	tuations not c	learly	expl	ained	d and	d do	cume	nte	d wil	l not	be	CO	nsi	de	erec	d					
I certify that all infor accurate. I understa repayment of financi	nd false stater				_													_	-		
Student Signature			Da	te																	
For Office Use Only																					