

Dependency Override Request Form

Student ID Number	Student Last Name	Student First Name			

In exceptional or extraordinary cases, the Office of Financial Aid may consider overriding a student's dependency status. This allows a student who is normally considered dependent to apply for financial aid without providing parental information on the financial aid application. <u>A parent's refusal to assist or provide information for the purposes of financial aid is not considered an extraordinary circumstance and does not warrant granting a dependency override.</u>

Student Current Address:

Father (if known)

Mother (if known)

Name Address			Name Address			Name Address		
Phone Number			Phone Number			Phone Number		

Consideration for a dependency override requires this form be attached to the following documents:					
Student Signed	•A clear and thorough statement explaining the unusual circumstances that prohibit or hinder the				
Statement	student from providing parental income information on the financial aid application (FAFSA).				
	•Unusual circumstances include: abandonment by parents, an abusive family environment that				
	threatens the student's health or safety, or the student being unable to locate his/her parents.				
	•Statement must provide: background information regarding estranged relationship with parent, when				
	and how often contact occurs, and any attempts made to resolve the situation.				
Documentation	•Documentation must support the situation described in the statement and include the reason				
	for the decision.				
	•Documentation may include: court document, police reports, or signed letters from third party				
	with knowledge of the unusual circumstances of the student. Third party letters from				
	professional individuals must be on company/business letterhead.				
Third Party	•Letters from people outside your immediate family confirming or explaining the situation in detail.				
Letters	•Each letter must describe the relationship to student or student's family, and the length of time the				
	relationship existed.				
Situations not clearly explained and documented will not be considered					

I certify that all information and documentation reported and attached to this form is true, complete, and accurate. I understand false statements or misrepresentations will be cause for denial, reduction, and/or repayment of financial aid.

Student Signature

Date

For Office Use Only