REQUEST FOR DEPENDENCY OVERRIDE REVIEW

Name ___________________________ Student ID ___________________
Address ___________________________ Phone # _________________
___________________________ Email ___________________

Financial aid regulations state that dependent students are required by law to provide parental information and signatures to be considered for financial aid. If you have extenuating circumstances, you may appeal for a waiver of federal regulations requiring parental information. You must be able to document these circumstances.

The following are examples of extenuating circumstances which may be considered on appeal. However these circumstances do not guarantee an approval to Independent status:

- You have a documented case of parental abuse or abandonment;
- Other extraordinary circumstances that may warrant our consideration.

The following are examples of circumstances (but not limited to) that may not be considered extenuating. Typically, these circumstances are not a basis for an appeal:

- You don’t live with your parent(s);
- Your parent(s) have not claimed you on their Federal income taxes;
- Parent(s) refusal to complete their portion of the Free Application for Federal Student Aid (FAFSA);
- You financially support yourself.

Before our office will consider any changes regarding dependency status, you must complete the appropriate sections of this form and provide supporting documentation. This office may request additional information for consideration of your review.
PART I – To Be Completed By All Students
You must attach the following documents to this form:

- A letter from you describing your relationship with your parent(s). Both parents must be addressed in the letter. Include the circumstances that prevent you from obtaining parent information. Also explain your relationship with the third party source who is writing the **notarized** letter requested below.

- A **notarized** letter from a third party source (i.e. guidance counselor, teacher, or social worker) who is familiar with your circumstances.

- A **notarized** letter from another adult who has direct knowledge of your situation. This person can be related to you.

PART II – Certification Statement

Upon submitting all documents, your request for independent status will be reviewed by the Financial Aid Office. Written notification of the decision will be mailed to you in a timely manner, depending on the volume of requests. **ALL DECISIONS ARE FINAL.**

I certify that the submitted information is true and correct to the best of my knowledge. Submission of false information may result in a delay or denial of financial aid and may subject you to criminal charges.

Student’s Signature ___________________________ Date __________

Please attach this document as a cover sheet to your supporting documents.

________________________________________________________________
________________________________________________________________
________________________________________________________________

FAO Signature ___________________________ Date __________