



Student Name _____

Student ID Number _____

Phone Number _____

Student Email _____

Academic Year _____

Financial Aid - Dependency Override Request Form

Based on your Free Application for Federal Student Aid (FAFSA), you are a dependent student and are required to report parent income and asset information. However, if you have experienced unusual circumstances, you may be eligible to request a dependency override. Circumstances that may qualify for a dependency override are:

- Abusive household environment that threatens the student’s health or safety
- Abandonment by parents
- Student is unable to locate living parents
- Incarceration or institutionalization of parents

Before you submit your request, please be aware that **the following conditions are insufficient** for making you eligible for a dependency override:

- Parent refuses to contribute to the student’s education
- Parent is unwilling to provide information on the FAFSA or for verification
- Student demonstrates self-sufficiency
- Student chooses not to live at home or student’s parents live overseas.
- Student files his/her own taxes and is not claimed as a dependent on parent(s) taxes

For the Office of Financial Aid to consider your Dependency Override request, you must sign and submit this form with the following additional documentation:

1. Statement from the student outlining reason for request. Be sure to include an explanation of what caused you to be independent from your parents, the amount of contact you have had in the prior 12 months with both of your parents, and how you currently provide for your basic needs.
2. At least one statement **on official letterhead** from a third party (for example – a school official, guidance counselor, church officials or community leader) with first-hand, long-term knowledge of the circumstance. Letters from family and friends may be included but are not sufficient documentation.
3. Documentation to support the override which may include court documents, police reports, death certificate, proof of incarceration or institutionalization.

___ Check here if the Financial Aid Office completed a Dependency Override for you in the prior academic year. Please submit this signed form along with an updated statement describing your situation.

Student Signature _____

Date _____