



Student's Legal Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

## A. What is dependency override?

A dependency override occurs when a financial aid administrator exercises professional judgment and overrides the Department of Education's criteria for dependent students. An override may only be granted on a case-by-case basis for students with unusual and exceptional circumstances. These circumstances must show compelling reasons for a student to be considered independent rather than dependent.

## B. What conditions DO NOT warrant a dependency override?

By Federal Law, the following conditions **DO NOT** warrant a dependency override:

- Parents refuse to provide information on the Free Application for Federal Student Aid (FAFSA) application or for verification
- Parents do not claim student as a dependent for income tax purposes
- Parents unwilling or unable to contribute to student's education
- Student demonstrates self-sufficiency

You should complete this form if you are considered a dependent student for federal financial aid and believe you have compelling extenuating circumstances which should allow you to be considered an independent student. Return the completed form with the required documentation to the Financial Aid Office. **We understand the sensitive nature of these circumstances; all documentation received by our office will be kept confidential.**

## C. The following circumstances may be considered for dependency override with proper documentation:

- Abusive family environment (e.g., sexual, physical or mental abuse or other forms of domestic violence)
- Abandonment by parents
- Incarceration or institutionalization by both parents
- Parents lacking the physical or mental capacity to raise the child
- Parents' whereabouts unknown or parents cannot be located
- Unsuitable household (e.g., child removed from the household and placed in foster care)

## D. Note the following items before submitting your request:

- You must complete the 2025-2026 Free Application for Federal Student Aid (FAFSA) and submit all requested documents prior to completing and submitting the Dependency Override Form.
- All decisions made by the Financial Aid Office on dependency overrides are FINAL.

## E. What is next?

Once the Dependency Override Form is submitted, it will be reviewed to determine if documentation is sufficient. If any additional information is required, you will be contacted via email. Please allow 2 to 3 weeks for a determination.

## F. How do I submit this form?

Please complete and return form to Financial Aid Office.

## Required Documentation

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All the following items must be submitted with this form for an appeal to be considered:

☐ **Personal Statement by Student**

Attach a typed personal statement that summarizes the unusual circumstances with your name, student ID number, date and signature. Your statements should include the following information: (1) last date and nature of parent contact and (2) location of your parents and (3) how you have supported yourself. Also explain your current living arrangements and means of financial support.

☐ **Personal Statement by Third Party**

Attach a typed statement signed and dated from a public official (on letterhead) who has knowledge of your unusual circumstances and knowledge concerning your relationship with your parents (e.g., teacher, high school guidance counselor, member of clergy, law enforcement representative, social worker, government agency, medical authority, or clerk of courts).

☐ **Personal Statement by an Adult**

Attach a typed **notarized** statement signed and dated from an adult who has knowledge of your unusual circumstances and knowledge concerning your relationship with your parents.

☐ **Additional Supporting Documentation**

Attach copies of any relevant supporting documentation (e.g., court documents, legal documents, or police reports).

## Certifications and Signatures

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**Federal Warning:** Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to \$20,000 or imprisonment or both under provisions of the U.S. Code.

I declare under penalty of perjury that all information reported on this form and all the information reported on the 2025-2026 Free Application for Federal Student Aid which will be used to qualify for state and federal student aid is true, complete, and accurate.

I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

☐ Approved    ☐ Denied    ☐ Pending

Comments:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_