

Request for Dependency Override 2021-2022

Student ID: _____

Student Name: _____

Important information about this process:

Dependency overrides are intended for students who are unable to provide parental information on the Free Application for Federal Student Aid (FAFSA) due to unusual circumstances beyond their control.

Unusual circumstances do not include:

1. Parents refuse to contribute to the student's education.
2. Parents are unwilling to provide information on the FAFSA or for verification.
3. Parents do not claim the student as a dependent for income tax purposes.
4. Student demonstrates total self-sufficiency.

Unusual circumstances do include abandonment by parents, an abusive family environment that threatens the student's health or safety, or the student being unable to locate their parents. In such cases a dependency override might be warranted.

Documentation is critical to the dependency override process. The unusual circumstance described must be supported by third party documentation. A third party that knows the student's situation—such as a teacher, counselor, medical authority, member of the clergy, prison administrator, government agency, or court—should establish the unusual circumstances. Evidence can be a signed letter or an official document, such as a court order.

Please attach the required documentation listed below:

Be sure to address the circumstances with both of your biological parents when submitting this request.

1. A letter from you, the student, explaining your situation in detail. The letter must be signed and dated.
2. A letter from an independent third party such as a relative, neighbor, or other person who can verify your situation. The letter must be signed and dated.
3. A letter on official letterhead from a professional who can verify and explain your situation in detail. Professionals may include, but are not limited to, a social worker, guidance counselor, minister, doctor, or teacher.

*Please include additional documentation such as police reports, court documentation, or social agency reports, if applicable, to verify your situation.

SIGN AND DATE:

By signing this form, I certify all information reported in the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a \$20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.

Student's Signature: _____

Date: _____