



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:

- Human trafficking;
- Legally granted refugee or asylum status;
- Parental abandonment or estrangement; or
- Student or parental incarceration.

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

- Parents refuse to contribute to the student’s education.
- Parents will not provide information for the FAFSA or verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

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.

The Office of Financial Aid will process your dependency override request within 2 weeks of submission of all required materials. If your dependency override is approved, we will assume that you will remain an independent student for subsequent award years unless you inform us that your circumstances have changed or we receive other conflicting information about your independence.

Student Signature _____

Date _____