



2017-2018

Dependency Override Request

Student ID _____

Last Name _____ First Name _____ M.I. _____
In unusual circumstances, financial aid administrators are given the authority, under Section 480(d)(1)(I) of the Higher Education Act, to determine that a student is independent: this is a dependency override.

Situations that might warrant a dependency override:

- The student's voluntary or involuntary removal from the parent's home due to an abusive or harmful situation that threatened the student's safety and/or health
• The student's abandonment by the parent(s)
• The inability of the student to locate the parent(s)

Several conditions that do not qualify as unusual circumstances are:

- Individually or combination of parents refusal to contribute to the student's education
• Parent's unwillingness to provide documents and information to complete the student's application for aid
• Parents do not claim the student on their Income taxes as a dependent
• Parent living in another state or country
• A student who demonstrates self-sufficiency

To request a Dependency Override (which must be done annually even if the prior award year's request was approved), a student who meets the conditions stated above must attach the following statements to this form:

1. A signed and dated statement from the student detailing the timeline and specific reasons for being unable to obtain their parental information. Be sure to address both parents in the statement and be as detailed and specific as possible.
2. A signed and dated statement from a third party person, on letterhead, who has knowledge and information of the unusual circumstances. A third party person can be a Counselor (High School, Social Worker, or Therapist), Clergy (Priest, Minister, or Rabbi), Medical Personnel, Court or Prison Administrators, or anyone from the community that can support your statement.

I hereby swear or affirm that all the information reported on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Additional information and documentation may be required and requested.

Student's Signature _____ Date _____

Office Use Only Dependency Override: ___ Approved ___ Denied
Comments _____
Approved by: _____ Date _____