



Dependency Override Renewal 2026-2027 Academic Year

Student's Name (please print): _____ Student ID: _____

I am a student with previously approved dependency override documentation on file for the 2025-2026 aid year at South Piedmont Community College and I do not meet the federal criteria for independent status on the 2026-2027 Free Application for Federal Student Aid (FAFSA).

Therefore, I request consideration for a Dependency Override renewal at South Piedmont Community College for the 2026-2027 academic year. I certify that my family situation remains the same as the previous year. I request to be considered as an independent student for financial aid purposes. I understand that I must sign and return this form for my financial aid to be processed.

Certification and Signature

I certify that the information reported on this worksheet is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

*Electronic Signatures are not accepted. Do not type your signature with special fonts. Wet Signature is required.

Student Signature

Date