



# Dependency Override Request Form 2026-2027 Academic Year

Student's Name (please print): \_\_\_\_\_ Student ID: \_\_\_\_\_

Under Federal law, to the extent they are able, your family is primarily responsible for paying your college expenses. Federal law, however, allows for some exceptions, if you have a special circumstance. Examples are listed below:

Considered a special circumstance	NOT considered a special circumstance
<input type="checkbox"/> Your parents are incarcerated <input type="checkbox"/> You have left home due to an abusive family environment <input type="checkbox"/> You do not know where your parents are and are unable to contact them (and you have not been adopted)	<input type="checkbox"/> Your parents do not want to provide their information on your FAFSA <input type="checkbox"/> Your parents refuse to contribute to your college expenses <input type="checkbox"/> Your parents do not claim you as a dependent on their income taxes <input type="checkbox"/> You demonstrate total self-sufficiency

**Directions:** If you believe you have a special circumstance, please complete this form and provide documentation to verify your situation. Gather as much written evidence of your situation as you can. Written evidence may include court or law enforcement documents, letters from a clergy member, school counselor or social worker, and/or any other relevant data that explains your special circumstances. Your sole documentation cannot be from a friend or family member; third party documentation is required.

1) Please answer the following questions. Use a month/year format.	Mother	Father
When was the last time you lived with your parents?		
When was the last time you had any contact with your parents?		
When did your parents last provide any form of support?		

2) What are your present living arrangements? Attach a separate sheet of paper, if necessary.

3) How do you support yourself and meet your living expenses? Attach a separate sheet of paper, if necessary.

4) Please explain in detail the reason(s) you should be considered an independent student. Attach a separate sheet of paper, if necessary.

I certify that the information provided is true and correct. I understand that it may be used to override federal regulations regarding my dependency status. I understand that if I move back in with my parents or receive any of their support, I must report this to the Financial Aid Office. **I understand that if I purposely give false or misleading information, I may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

For Financial Aid Office Use Only Reviewed by _____ Comments:	Request is:    Granted/    Denied    Date: _____
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