

Dependency Override Appeal Form

Student Name: _____ Student ID # _____

For a dependency override appeal, you must document an extreme, unique and/or unusual family circumstance(s) that prevents you from obtaining parental information for your FAFSA (Free Application for Federal Student Aid). Examples include, but are not limited to, family abuse or neglect, parental desertion or other situations where contact with your parents is non-existent. Per federal guidelines, a parent’s refusal to complete the FAFSA or lack of parental support are not reasons for a dependency override on their own.

Please submit the following items to your financial aid counselor:

- A personal letter explaining your circumstances.
- Two or more letters from knowledgeable third-parties (counselor, teacher, medical authority, clergy, social worker or relative). Only one of the two letters may be from a relative.
- Court documents, if applicable.
- Other supporting documents, as appropriate.
- A copy of your most recent IRS tax return transcript (<https://www.irs.gov/individuals/get-transcript>). If you did not file a tax return, please provide copies of your most recent W-2s or copies of your most recent paystubs. If you are not employed, please provide a statement explaining how you are able to cover your living expenses.

Student Signature: _____

Date: _____

Office Use Only: Approved _____ Denied _____ Staff Member Initials: _____ Comments: _____
--