



Student Financial Services

3307 Third Avenue West, Suite 114 Seattle, WA 98119
T 206.281.2061 / 800.737.8826 | F 206.281.2835 | www.spu.edu/depts/sfs



2009 - 2010 DEPENDENCY OVERRIDE PETITION

STUDENT NAME: _____ SPU ID: _____

Federal financial aid regulations assume a student's family has primary responsibility for meeting the educational costs of a student. If you are a dependent student (as defined by www.fafsa.ed.gov), you are required by law to provide parent information on the FAFSA. Your aid eligibility is determined by using your parents' income and asset information in addition to your information.

Occasionally, due to extraordinary circumstances, students cannot obtain parental information. If you cannot provide this information for an unusual reason, you may petition for a waiver of the federal regulations. Please include each of the following items in your petition.

1. Identify the location of both your parents.
2. Describe the last time you had contact with each of your parents: when, where, and the nature of the contact.
3. Explain why you cannot obtain parental information.
4. Describe how you have been self-supporting: when did you start meeting your expenses without parental support **and** how have you provided for yourself?
5. Provide statements from two responsible adults who are aware of your situation and can corroborate the facts you present. Examples of such persons would include clergy, social workers or other social service personnel, court officials (or copies of court documents), teachers, high school counselors, or police officers. At least one statement must be from someone who is not a relative or friend.
6. Please indicate the name, address, phone number, job title, and relationship to you for each of the people providing supporting statements.

A. _____

B. _____

By signing this verification statement, I attest that all information reported on this form and in attached statements is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

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

Student Signature	Date	Phone	Email

Office Use Only:

_____ Accepted per Professional Judgment committee based on unusual circumstances	_____ Initials
_____ Denied	_____ Date