

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

DEPENDENCY OVERRIDE FORM

Student Signature:	Date:	Email:	
	he best of my knowledge	ntion reported on this form and in the attached e. If asked, I agree to submit documentation	
2. Attach Letter of Support 2: Enter the person who compl Name: Email: Address:		ort ob Title:elationship to You:	
Attach Letter of Support 1: Enter the person who compled Name: Email: Address:		ort bb Title:elationship to You:	
can confirm the facts you presen	nt. Examples of such pe service personnel, or po	o adults who are aware of your situation and rsons would include clergy, social workers, blice officers. At least one must be from	
Provide a statement describing your living situation and any res	•	porting yourself. Include when this began,	
Provide an explanation of why y FAFSA.	Provide an explanation of why you are not able to provide data from the above individuals on the FAFSA.		
List the last date contact you had with	the parents (or guardians) lis	sted above:	
☐ Enter the name(s) of your parent(s	s) or guardian(s.)		
Requirements:			
educational costs of a student. If yo Federal Student Aid (FAFSA), you a FAFSA. Your aid eligibility is determ on the FAFSA application. If you we	ou are a dependent stude are required to provide pa nined by using the combin are unable to provide you	nas primary responsibility for meeting the ent, as defined by the Free Application for arental (or guardian) information on the ned household financial information collected ur parental (or guardian) information on the petition for a Dependency Override.	
STUDENT NAME:	SPU ID:		