

DEPENDENCY OVERRIDE FORM

STUDENT NAME: _____ SPU ID: _____

Federal student 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 the Free Application for Federal Student Aid (FAFSA), you are required to provide parental (or guardian) information on the FAFSA. Your aid eligibility is determined by using the combined household financial information collected on the FAFSA application. If you were unable to provide your parental (or guardian) information on the FAFSA for unusual or extraordinary circumstance, you may petition for a Dependency Override.

Requirements:

- ☐ Enter the name(s) of your parent(s) or guardian(s.)
- ☐ List the last date you had contact with the parents (or guardians) listed above:
- ☐ Provide an explanation of why you are not able to provide data from the above individuals on the FAFSA.
- ☐ Provide a statement describing how you have been supporting yourself. Include when this began, your living situation and any resources received.
- ☐ Provide two signed and dated letters of support on official letterhead from two adults who are aware of your situation and can confirm the facts you present. Examples of such persons would include clergy, social workers, school counselor or other social service personnel, or police officers.
At least one must be from someone who is not a relative or friend.

1. Attach Letter of Support 1:

Enter the person who completed the Letter of Support

Name: _____ Job Title: _____
Email: _____ Relationship to You: _____
Address: _____

2. Attach Letter of Support 2:

Enter the person who completed the Letter of Support

Name: _____ Job Title: _____
Email: _____ Relationship to You: _____
Address: _____

By signing this verification statement, I attest that all information reported on this form and in the 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.

Student Signature: _____ Date: _____ Email: _____