



Office of Financial Aid

2026 - 2027
DEPENDENCY OVERRIDE
Appeal Form

Student Name: _____ Student ID: _____

Complete this form if you have unusual circumstances that justify excluding your parent's information from your FAFSA.

PLEASE NOTE:

The following circumstances **DO NOT QUALIFY** for a dependency override:

- Parents will not contribute to the student's education.
 - Parents will not provide information for FAFSA or verification.
 - Parents do not claim the student as a dependent for income tax purposes.
 - Students do not live with parents and support themselves.
-

Instructions: All decisions are final and not subject to appeal. Be sure to follow ALL instructions below:

1. Submit an explanation of your situation. Please be sure to explain your relationship with each of your parents. The Statement must be detailed, hand signed and dated.
2. Submit a signed and dated letter supporting your appeal:

ONE letter of signed support from a professional on their letterhead.
(Counselor, teacher, attorney, spiritual leader, etc.)

OR

TWO letters of signed support from family or friends who are familiar with your circumstances. These letters should include detailed information about your situation. They must also state their relationship to you.

3. You may submit any additional documentation you feel will support your appeal.

ALL STATEMENTS MUST BE SIGNED, DATED AND INCLUDE CONTACT INFORMATION

Certification:

By signing below, I acknowledge and confirm that this information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature

Date