Dependency Override Continuation
for Returning Students 2016-2017

Student’s ID Number: ____________________________ Student’s Email: ____________________________

Student’s Name: ____________________________ Student’s Cell Phone #: ____________________________

In order for the Financial Aid Office to continue considering you as an independent student for financial aid purposes, you must complete this form and provide the following documentation:

1. A personal letter requesting continuation of independent status updating your family circumstances.
   - Include any contact you had with your parents and the frequency of contact with them over the past year.
   - Your living arrangements over the past year. With whom have you resided. Who has provided support to you during the past year?
   - Be sure your name, Student ID Number and signature are on this letter.

2. Submit a completed and signed 2016-2017 FAFSA – leave the parent section blank.
   You may complete a FAFSA at this website: http://www.fafsa.gov
   Do not leave any item blank, other than the parent section.

3. Did anyone claim you on their 2015 Federal Tax Return?
   No ________
   Yes ________ Person’s Name ____________________________
   Relationship to you: ____________________________

If you purposely give false or misleading information on this worksheet, you may receive a fine, a prison sentence, or both.

By signing this information request, I certify that all of the information listed on the form concerning my request for a dependency override continuation is correct and complete.

Student’s Signature: ____________________________ Date: ____________________________
Office Use Only

Comments

Counselor's Signature ________________ Date __________

Counselor's Signature ________________ Date __________