Dependency Override
Prior Year review Based on Unusual Circumstances

Student Name: ____________________________________________  ESU ID: _______________________

For a prior academic year, I requested a Dependency Override and was classified as an Independent Student for federal student aid based upon unique circumstance. I am applying for federal student aid for the upcoming academic year and wish to be considered an independent student.

By checking the appropriate box below, I certify whether or not the circumstance still exists.

☐ I certify that the circumstances upon which the original Dependency Override was performed still exists. The following is a brief summary of the circumstances which prevented me from obtaining parental information when previously applying for Federal Student Aid.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Student Signature: ____________________________  Date: ____________________________

Verification from Third-Party – to be completed by someone familiar with the situation such as a counselor, health-care provider, community intervention agency, social worker, law enforcement officer, clergy member, or non-relative (cannot be a peer of the student).

The information stated above is true and accurate to the best of my knowledge.

_____________________________________________________________________________________

Third Party Signature  Date

_____________________________________________________________________________________

Name (Please Print)  Relationship to Student

_____________________________________________________________________________________

Phone number  Email

☐ I certify that the circumstances have changed and an explanation of these changes is attached.

_____________________________________________________________________________________

Student Signature  Date