

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
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