



Name

Student's ID Number

On the 2025-26 FAFSA, you indicated that you have unusual circumstances preventing contact with your parents or putting you at risk if they were contacted. This appeal is only appropriate for applicants whose family situation is the result of unusual circumstances beyond their control, such as parental abuse or abandonment.

READ FIRST:

Per the US Department of Education, the following reasons **DO NOT** merit a dependency override:

- Parents refusing to contribute to the student's education
- Parents unwilling to provide information on the FAFSA or for verification
- Parents not claiming the student as a dependent for income tax purposes
- Student demonstrating total self-sufficiency
- Student does not live with their parent(s).

If you still believe your situation warrants a review, please provide the following information.

Complete and Submit the FAFSA

If you have not done so already, complete and submit the FAFSA online at www.studentaid.gov. We cannot move forward with your request without a FAFSA on record.

Personal Statement

This statement must include a complete history detailing your relationship with BOTH of your biological and or legally adoptive parents; specific dates of the events that caused your separation from your parents; where you have lived since separating from your parents; and how you have supported yourself while living apart from your parents.

Professional Third-party Statement

Provide at least one statement from a third-party reference who can verify the unusual family circumstances you have described. **The third-party reference cannot be a family member.** Third-party references can include a high school counselor, teacher, clergy member, counselor, social worker, physician, child and family service agencies or law enforcement officers.

The professional letter(s) provided must be on official letterhead. Police reports may in some cases substitute for the statement.

Residence Information

Please check the appropriate boxes below:

Where did you live in 2024-2025? Select one: With Parent(s) Without Parent(s)

Where did you live in 2025-2026? Select one: With Parent(s) Without Parent(s)

Dependency Appeal Cont.

Expenses

For each item listed below, check the appropriate box.

Did your parent(s) claim you as a dependent on their 2023 federal tax return? Yes No

Will/did your parent(s) claim you as a dependent on their 2024 federal tax return? Yes No

Did your parent(s) provide your health insurance in 2024-2025? Yes No

Will your parent(s) provide your health insurance in 2025-2026? Yes No

Did your parent(s) provide your auto insurance in 2024-2025? Yes No

Will your parent(s) provide your auto insurance in 2025-2026? Yes No

Please indicate who pays for each expense listed in the chart below:

Expenses	Resource (who pays for the expense)
Rent	
Utilities	
Phone	
Food	
Transportation (car payment, insurance, etc)	
Medical (health insurance, medical bills)	

Additional Documentation

All documents are required

- Copy of your current lease or rental agreement or a signed statement from your current landlord verifying tenancy
- Copy of your 2023 Federal tax return or non-filer statement
- Copy of your 2024 Federal tax return or non-filer statement

Signatures

All information submitted will be held in strict confidence. **Incomplete appeals will not be processed.**

Student Certification

I certify that the information I have provided on this form and all accompanying documentation is true and correct to the best of my knowledge. I agree to submit additional documentation to support my appeal should the Office of Financial Aid and Veteran Services make such a request. I understand that making false statements or misrepresentations could result in a reduction and/or repayment of aid. I understand that the decision of the Dependency Appeal is final and cannot be changed.

Student's Signature

Date

FOR OFFICE USE ONLY:

Dependency Appeal Approved

Dependency Appeal Denied

FAA Signature

Date