

2024-2025 Request for Dependency Override

Dependency overrides are intended for students who are unable to provide parental information on the Free Application for Federal Student Aid (FAFSA) due to unusual circumstances beyond their control.

Unusual circumstances may include, but are not limited to:	Unusual circumstances do <u>not</u> include:
<ul style="list-style-type: none"> • You or your parent are incarcerated. • You have left home due to an abusive or threatening environment. • You have been abandoned by or estranged from your parents and have not been adopted. • You were granted refugee or asylee status and are separated from your parents, or your parents are displaced in a foreign country. • You are a victim of human trafficking. • You are otherwise unable to contact or locate your parents and have not been adopted. 	<ul style="list-style-type: none"> • Student demonstrates total self-sufficiency. • Parents are unwilling to provide information on the FAFSA or for verification. • Parents do not claim the student as a dependent for income tax purposes. • Parents refuse to contribute to the student’s education.

Section A: Student Information

_____	_____	_____	_____
Last Name	First Name	MI	Christopher Newport Student ID #

Section B: Required Documentation

A dependency override due to unusual circumstances must be supported by a student statement and additional third party documentation. **Required** third party documentation is outlined below. Students should also consider submitting any additional documentation, if applicable, such as police reports, court documentation, or social agency reports.

Checklist of required documents (all letters must be signed and dated):

- A letter from you, the student, explaining your situation in detail.
- A letter from an independent third party such as a relative, neighbor, or other person who can verify your situation.
- A letter on official letterhead from a professional who can verify and explain your situation in detail. Professionals may include, but are not limited to, a social worker, guidance counselor, minister, doctor, or teacher.

Please note: Requests will not be reviewed until this form and all required documentation (above) has been submitted to the Office of Financial Aid.

Section C: Signature (must be written signature, not electronic)

The individual signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____

Date: _____