

**2024-2025**  
**Dependency Change Request Form**

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Name

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SS# or CID

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Address

Students who do not meet the definition of an Independent Student as prescribed by Department of Education on the Free Application for Federal Student Aid (FAFSA), but believe they are Independent and have unusual circumstances, may complete and submit the following form with supporting documentation. The Office of Student Financial Aid will take the information into consideration when making a decision. A Dependency Override may be done on the initial FAFSA or on the current year (2024-2025) Student Aid Report (SAR). No action will be taken until sufficient documentation is received. **Submission of this request form does not guarantee an approval.**

**The following conditions do not qualify as an unusual circumstance or merit a dependency override (per Higher Education Act Sec. 480 (d)(7):**

- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the application or for verification;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency.

If you have circumstances other than the ones listed above, please submit this form for consideration.

**Section 1:** Briefly explain your circumstances and the reasons why you are requesting a change in your dependency status:

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**Section 2:** Please answer the following questions:

1. Did your parents claim you on their 2022 or 2023 tax return?

☐ Yes

☐ No

☐ I don't know

If you reside with someone other than your parents, provide the following information about that person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Length of Residency: \_\_\_\_\_

**Section 3:** Attached to this form are reference pages that are to be completed and returned with your Dependency Change Request Form. Your references should be someone who can verify your situation. Ex: Parents, high school counselor, pastor, close relative, etc. **Your request will not be complete without the required references.**

**Section 4:** Certification- All of the information on this form and supporting documentation are true and complete to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**NOTE: The Financial Aid Office reserves the right to ask for any additional documentation that is relevant to your situation to complete this process, such as, but not limited to tax returns, W2's, etc.**

**Please return this form and documentation to:**  
Office of Student Financial Aid

For office use only:

☐ Approved

☐ Denied

Reason:

Financial Aid Officer:

Date: