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Student ID # **Last Name** **First Name**

DEPENDENCY OVERRIDE RENEWAL

You have completed your FAFSA but provided no parental information. You have had a dependency override approved by EIU in a prior award year relating to your relationship with your parents making it difficult/impossible to provide their information on your FAFSA application. For consideration for the current year, we need this form completed and signed. Additional documentation may be requested upon review, but is not required for submission.

_____My situation has not changed from the previous year that my dependency status was
(Initials) changed from Dependent to Independent by EIU.

_____I am requesting this for the **20**_____ **– 20**_____ academic year.
(Initials) **(Fall Semester -- Spring Semester)**

By signing, I certify that all the information reported on this form is complete and correct. I understand that purposely providing false or misleading information on this form may result in being fined, sentenced to jail, or both.

STUDENT'S SIGNATURE: _____ **DATE:** _____

For Office Use:

Dependency Override Renewed: _____

Date: _____

Approved/ Denied: _____

Initials: _____

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