2021 XDOV21

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

2020-2021 DEPENDENCY OVERRIDE

You have identified that you may have special circumstances relating to your relationship with your parents making it difficult/impossible to provide their information on your FAFSA application. There are very specific federal guidelines that must be followed so please be aware that completion of this form does **NOT** guarantee an override of your dependency status. For consideration, we need this form completed with all supporting documentation attached. We may request additional information and/or documentation relevant to your individual circumstances.

***If you have previously had a dependency override approved by EIU in a prior award year, please supply a brief statement below updating us on your current circumstances/ relationship with your parents. Additional documentation may be requested upon review, but is not required for submission.**

- Please check all of the following situations that apply to you:
  - ☐ I have not had contact with my parent(s) since (month/ year)_____
  - ☐ I have not received any financial support from my parent(s) since (month/ year)_____
- Please include a signed statement from a third party who is aware of your personal situation. (This statement may be provided by a grandparent, aunt, uncle, clergy member, adult family friend, etc. We cannot accept statements from another EIU student.)
- Please explain your circumstances in detail (attach additional pages, if necessary; additional documentation may be requested depending on your circumstances).

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:
Please initial the following:
Form completed and signed _____
Signed statement from third party _____
RRAAREQ = N/I _____
If Incomplete, note in RHACOMM _____

Dependency Override completed:
Date: _____
Approved/ Denied: _____
Initials: _____

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