2223 XDOV23

E

Student ID (E Number) Last Name First Name

2022-2023 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 complete the DOVR (Renewal) Form.

- 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 SIGNATURE DATE

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.

For Office Use Only:

Please initial the following:

Form completed and signed _____
Signed statement from third party _____
RRAAREQ = N/I _____
If Incomplete, note in ROAMESG _____

Dependency Override Completed:

Date: _____
Approved/Denied _____
Initials _____

EASTERN ILLINOIS UNIVERSITY
EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE: **217-581-6405** FAX: **217-581-6422** EMAIL: **FINAIDVERIFICATION@EIU.EDU**