



## 2023-2024 Continuing Dependency Override Form

Based on guidelines set by the U.S. Department of Education (DOE), you are a dependent student. However, the DOE recognizes exceptions to this rule and will allow financial aid administrators the ability to waive the criteria in extreme circumstances.

Per federal regulations, the following situations, in and of themselves, **do not automatically** qualify a student as independent for financial aid purposes:

- Your parents do not want to provide their information on your FAFSA; or
- Your parents refuse to contribute to your college expenses; or
- Your parents do not claim you as a dependent on their income taxes; or
- You do not live with your parents and you provide for all your personal expenses.

To be considered for a **continuation** of your previous dependency override, you must provide the information listed below. This information will be held in the strictest of confidences. The Office of Financial Aid will notify you of the decision. **ALL DECISIONS BASED ON THIS REQUEST ARE FINAL AND CANNOT BE APPEALED FURTHER.**

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

Date of Birth: \_\_\_\_\_ Campbell ID#: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

By signing below, you **agree** to the following:

1. **You have submitted a 23/24 FAFSA :** Complete before submitting this form
  - [www.studentaid.gov/h/apply-for-aid/fafsa](http://www.studentaid.gov/h/apply-for-aid/fafsa)
2. **The situation outlined in your original approved Dependency Override has not changed**

**Certification Statement:** I hereby certify that all information in this appeal is true and complete to the best of my knowledge. I have not knowingly or intentionally provided any fraudulent documentation. I understand that filing an appeal does not guarantee an override of my dependency status. I understand the decision based on this request cannot be appealed further and is final.

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

Date: \_\_\_\_\_

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***This section for FA Office Use ONLY:*** Approved: ☐ Denied: ☐ Information Requested: ☐