

2025–2026 Dependency Appeal Form

The dependency status appeal form can be used if you have an extenuating circumstance that may hinder you from successfully completing your Free Application for Federal Student Aid (FAFSA). The Office of Financial Aid must have documented proof of the extenuating circumstance that prevents a student from obtaining parental data for the FAFSA form. The following documentation listed on this form MUST be provided.

Please note, federal guidelines state that the following situations alone are not considered "extenuating circumstances": 1) Your parents are unwilling and/or unable to financially support you. 2) You live on your own and pay your own bills. 3) Your parents refused to provide information required for completion of the FAFSA or verification.

A. STUDENT INFORMATION			
Last Name	First Name	M.I.	Student ID Number (begins with 1 or 3
Email Address	Telephone Number	1	Date of Birth
B. APPEAL CONTENT	S		
concise, and must Your relationshiphing names and when the long you have any whom and desemble of the insurance of the left o	siblings, please provide their first and last cribe your relationship with them since to been supporting yourself—if applicable, e, including a copy of the card(s)	ing: optive parents— and specific da st name. Include he separation fr include auto/he umenting their k act information—	include their first and last Ites that led up to where they live and with om your parents. ealth insurance and who pays nowledge of your exceptional –a professional includes college
O Copy of your 2023 to	x transcript or use of the IRS Data Retriev	al Tool on your	FAFSA
O All 2023 W-2 forms			
	pproved for a dependency override musent is automatically considered indeper		
C. SIGN THIS WORKS	HEET		
dent aid is complete an	t, I certify that all the information reported correct. Warning: If you purposely give I or sentenced to jail or both.		
Student's signature			