

Office of Financial Aid

E finaid@findlay.edu P 419-434-4791

2026-2027 Dependency Override Appeal

1000 N Main St, Findlay, OH 45840-3653

Name:	Student #:
UF E-mail:	D.O.B.:
General Information for Requesting a Dependency Status Ov	verride
unique family circumstances reviewed to determine if they quali You may qualify for a dependency override, if you are estranged	dependent" status as outlined on the FAFSA can appeal to have their fy to be considered as an independent student for financial aid purposes. from your parents due to abuse, abandonment, death of parents, or fficiently documented. If your Dependency Override Appeal was aptide Renewal form.
Please Note: Parents' refusal/inability to contribute to your education, parents not claiming you on their tax return, and/or you supporting yourself are not considered extenuating circumstances.	
Required Documentation	
□ 2026-2027 FAFSA (<u>studentaid.gov</u>) — Your 2026-27 FAFSA	A must be received at UF before we can review your appeal.
☐ Personal Statement by Student— Attach a typed persona	I statement summarizing the unusual circumstances with your name,
relationship with each of your parents (if you are estranged, p	the following information: 1) detailed explanation of your current provide details of the circumstances that caused the estrangement), of parent contact, 3) your living arrangements—where are you living,
☐ Statement by a Professional Third Party— Attach a signed	d and dated letter on letterhead from a professional third party
(e.g. a teacher, counselor, medical professional, clergy memband knowledge concerning your relationship with your parent	er, or social worker, etc.) summarizing your unusual circumstances ts.
$\hfill \Box$ Additional Supporting Documentation— Attach copies of	any relevant supporting documentation (e.g. death certificate, court
documents (including protection/restraining orders), police redocuments, etc.).	eport, documentation of incarceration or institutionalization, legal
\square 2024 Federal Tax Return Transcript, if your IRS informatio	n was entered manually on your FAFSA.
Certification and Signature	
I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University of Findlay to make any change(s) necessary as a result of the updated information that I have provided.	
Student Signature:	Date: