



Financial Aid • 5000 Rocklin Rd • Rocklin CA 95677-3397
Tel. (916) 660-7310
Fax. (916) 630-4541

2009-2010
DEPENDENCY OVERRIDE REQUEST

| |
|---|
| STUDENT NAME _____ <small>LAST FIRST MI</small> |
| STUDENT ID # _____ |
| ADDRESS _____ <small>CITY STATE ZIP CODE</small> |

Eligibility for assistance is based on the assumption that students and their parents are primarily responsible for paying for the student's education. If the directions on your financial aid application instruct you to provide parents' information, then by Federal Regulation you are considered "dependent" on your parents for financial aid.

In **extreme hardship cases**, the Financial Aid Office may be able to assist a student who is technically dependent, but who does not or cannot have contact with his/her parents. This will apply in situations where the students' physical/emotional welfare is jeopardized by contact with the parent.

THE FOLLOWING PARENT INFORMATION IS REQUIRED:

| | | | | | | | |
|--|---------------------|------------------------|----------------------------|--|---------------------|------------------------|----------------------------|
| <table border="1"><tr><td>MOTHER'S NAME _____</td></tr><tr><td>ADDRESS _____ _____</td></tr><tr><td>PHONE NUMBER (_____) _____</td></tr></table> | MOTHER'S NAME _____ | ADDRESS _____ _____ | PHONE NUMBER (_____) _____ | <table border="1"><tr><td>FATHER'S NAME _____</td></tr><tr><td>ADDRESS _____ _____</td></tr><tr><td>PHONE NUMBER (_____) _____</td></tr></table> | FATHER'S NAME _____ | ADDRESS _____ _____ | PHONE NUMBER (_____) _____ |
| MOTHER'S NAME _____ | | | | | | | |
| ADDRESS _____ _____ | | | | | | | |
| PHONE NUMBER (_____) _____ | | | | | | | |
| FATHER'S NAME _____ | | | | | | | |
| ADDRESS _____ _____ | | | | | | | |
| PHONE NUMBER (_____) _____ | | | | | | | |

1. Why can you no longer have contact with your parents?

2. When did you last have contact with your parents?

Mother: month _____ year _____

Father: month _____ year _____

3. Describe in detail why contact with your parents would pose an undue hardship?

4. **PROVIDE WRITTEN DOCUMENTATION FROM THREE PROFESSIONALS (e.g. MINISTER, PSYCHOLOGIST, SOCIAL WORKER, HIGH SCHOOL COUNSELOR, ETC.).**

These statements must provide detailed information as to why you do not/cannot have contact with your parents. We do not need to know that your parents have not provided financial support for you – the amount of support or lack of support is immaterial.

5. Complete the student’s sections of the Free Application for Federal Student Aid (FAFSA); leave parent information blank. **Submit Paper FAFSA with this form.**

Your request for a dependency override will be reviewed and a response will be sent to you approximately three weeks after you submit the information. If the dependency override is approved, your FAFSA will be sent for processing to the Federal Processing Center.

I acknowledge the information listed above is true. _____ Date _____

| | | |
|---------------------|--------------|---------------------|
| FOR OFFICE USE ONLY | | |
| Approved _____ | Denied _____ | Date Reviewed _____ |