

Office of Financial Aid

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

2025-2026 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 Override	
unique family circumstances reviewed to determine if they qu You may qualify for a dependency override, if you are estrange	"independent" status as outlined on the FAFSA can appeal to have their ualify to be considered as an independent student for financial aid purposes. sed from your parents due to abuse, abandonment, death of parents, or sufficiently documented. If your Dependency Appeal Override was apverride 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	
□ Personal Statement by Student— Attach a typed perso Student #, date and signature. Your statement should inclurelationship with each of your parents (if you are estranged 2) the location of your parents and the last date and naturand 4) how you are supporting yourself. □ Statement by a Professional Third Party— Attach a sign (e.g. a teacher, counselor, medical professional, clergy mer and knowledge concerning your relationship with your pare	s of any relevant supporting documentation (e.g. death certificate, court e report, documentation of incarceration or institutionalization, legal
Certification and Signature	
I certify that all information provided in this document is true, comple statement or misrepresentation will be cause for denial, reduction, w	ete and accurate to the best of my knowledge. I further understand that any false vithdrawal, and/or repayment of financial aid. Also purposely giving false or misleadroboth. I authorize the University of Findlay to make any change(s) necessary as a
Student Signature:	Date: