



Financial Aid Office
PO Drawer 809
Weldon, NC 27890
(252) 536-4221

2026-2027 Dependency Override Request Instructions for Third Party Documentation

In extraordinary and documented cases, the financial aid office has the authority to use professional judgment to override a student's dependency status in order to make a student independent for the purpose of applying for financial aid. A student must be unable to obtain his/her parents' information because of extenuating circumstances.

Parents' unwillingness to provide the information or inability to help support the student is not acceptable reasons for an appeal. Students must submit a Dependency Override Request and third party reference letter to the financial aid office for consideration of a dependency override.

The information stated in the Dependency Override Request must be verified by a third party who is aware of your home situation and can verify the information you have provided. Examples of such a person include, but are not limited to: employer, clergy, social worker, attorney, court official, teacher, counselor, psychiatrist, psychologist, medical professional, law enforcement agent, etc.

Instructions for third party reference:

Third party documentation must be on a separate sheet of letterhead paper. Please include any information of which you have firsthand knowledge and that you feel best describes the student's situation. The following is a list of information that **must** be included in your letter:

- Student's name.
- How long have you known the student?
- Your relationship to the student.
- When was the last time the student lived with and/or received financial support from his/her parents?
- Any knowledge of his/her relationship with their parents.
- The steps that the student has taken to establish their independence from their parents.

Please be sure to include your professional title, name and type of business, business address, telephone number, and where to contact you should any additional information be required.



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Student Demographics:	Name	<input type="text"/>
	Student ID	<input type="text"/>
	Date of Birth	<input type="text"/>
	Address	<input type="text"/>
	City/State/Zip	<input type="text"/>
	Phone Number	<input type="text"/>

Student's Present Living Arrangements: Who do you live with? _____
Monthly Rent and Utilities \$ _____
How long have you lived at current residence? Yrs. _____ Mo. _____

How do you support yourself and meet expenses? If your income is insufficient, explain how you support yourself (roommates, someone else is supporting you, etc).

Parent Information:

Father's Name: _____

Address: _____

City/State/Zip: _____

Mother's Name: _____

Address: _____

City/State/Zip: _____

Dependency History

When did you last live with your parents? _____

When did your parents last provide any monetary support for you? _____

When was the last time you had contact with your parents? _____

How often do you have contact with your parents? _____

Explain the circumstances and history behind your home situation, why you no longer live with your parents, and why they no longer support you:

Student Certification:

I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status.

I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.

I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office.

I understand that by signing this form, I authorize the Financial Aid Office to contact my third-party reference and verify any information supplied on this form.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

The Financial Aid Office has used Professional Judgment and determined that this student is:

INDEPENDENT

DEPENDENT

Remarks:
