

### **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.



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

### 2026-2027 Dependency Override Request

**Student Demographics:**

Name

Student ID

Date of Birth

Address

City/State/Zip

Phone Number

**Student's Income  
Information:**

Current Year Total Income: \$

2024 Year Total Income: \$

(include all sources of income: wages, untaxed income, interest income, etc.)

**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:

---

---