Carl Albert State College
FINANCIAL AID

Return this form to any of the following:
- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

2023-2024 Statement of Unusual Circumstance

This form will be used to decide eligibility for either a Dependency Override or a Parental Data Override.

Student Name:	Student ID#:
Phone Number:	Date of Birth:

You have indicated on your FAFSA that you have a special circumstance preventing you from providing complete and/or accurate parent information on your application. Use the lines below to describe the circumstance. Please provide as many details as possible so we can better determine eligibility. If more space is needed, please attach any additional pages to this form, signed and dated.

Certification

All of the above information on this form and on my FAFSA is true and complete to the best of my knowledge. I understand that if I have knowingly provided any false or misleading information on either this form or the FAFSA, I will have to repay any financial aid I may have received based on the inaccurate information.

Student's Signature **(cannot be typed)** **Date**

Office Use Only: ☐ Approved Sign/Initial: _____ Date: _____
☐ DO ☐ PDO ☐ Denied: _____