



Return this form to any of the following:

- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

2024-2025 Dependency Override Request

Student Name:	Student ID#:
Phone Number:	Date of Birth:
Requesting:	<input type="checkbox"/> New Dependency Override <input type="checkbox"/> Continued Dependency Override

The Department of Education assumes that parents have primary responsibility for supporting the educational costs of their dependent children. However, students living under unusual circumstances may be eligible to omit parent information with a Dependency Override.

New Dependency Override

I am requesting a **new** Dependency Override to exclude my parent(s) from my FAFSA.

To be considered for a new Dependency Override, please attach a detailed explanation including the following:

- ✓ Identify the current location of both your parents, if possible.
- ✓ Describe the last time you had contact with each of your parents – when, where, and the nature of the contact.
- ✓ Describe how and when you have been supported without parental help, i.e. friend, family member, self-supporting.
- ✓ Submit statements/documentation from 2 other sources who know your situation.

The following conditions **do not qualify** a student for a Dependency Override:

- Parents refuse to contribute to your education.
- Parents will not provide income tax information.
- Parents do not claim you as a dependent for income tax purposes.
- You demonstrate total self-sufficiency.

Circumstances that **may qualify** include, but are not limited to the following:

- Abandonment by parents.
- Abusive/unsafe family environment.
- Inability to locate or contact parents.

Continued Dependency Override

I am requesting a **continuation** of a previously approved Dependency Override.

- ✓ The situation regarding my parent(s) has not changed **and** my supporting statements remain true.

By signing this request, I certify that all information reported is true and correct to the best of my knowledge. Should the Office of Financial Aid find anything provided in support of my request to be inaccurate, I understand that my request will be denied.

Student Signature (cannot be typed)

Date

FAA Use Only:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied: _____	Sign/Initial: _____	Date: _____
<input type="checkbox"/> N <input type="checkbox"/> C			