



2026-2027 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 an unusual circumstance preventing you from providing complete and/or accurate parent information on your application. Use the space below to describe your circumstances. Please provide as many details as possible (as much as you are comfortable sharing) so we can best determine how to process your application. If more space is needed, please attach any additional pages to this form, signed, and dated.

My signature certifies that the information provided on this form and on the accompanying documentation is true and correct to the best of my knowledge. Furthermore, I understand that purposely providing false or misleading information may result in a fine, imprisonment, or both.

Student's Signature (cannot be typed)

Date

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