Carl Albert State College
FINANCIAL AID

To Return Electronically:
myCarlAlbert Student Portal:
Attachment Upload (if available)
Email: financialaid@carlalbert.edu
Fax: 918-647-1227

To Return in Person or by Mail:
Poteau Office: Hemphill Hall – HH102
1507 S. McKenna, Poteau, OK, 74953
Sallisaw Office: Mayo – 8002
1601 S. Buddy Spencer Ave, Sallisaw, OK, 74955

2026-2027 Request for FAFSA Parental Data 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. Upon review, our office may request additional documentation. Please contact the Office of Financial Aid if you have any questions about this form.

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

Note: If approved, the only federal assistance the student is eligible for are Federal Direct Unsubsidized Loans.

To be Completed by Parent

I, the parent of _____, do not provide financial support for my child and I refuse to provide
(student's name)
parental data for the 2026-2027 FAFSA. By signing this form, I am certifying that I have stopped providing financial support, which includes, but not limited to, any payment of educational costs, cash, and non-cash support to the student. I also acknowledge that I will be ineligible to apply for a Federal Parent PLUS loan on behalf of my child. I am certifying that I am no longer providing financial support for my child and will not provide financial support for my child in the future, effective _____.
(Date financial support ceased)

_____ _____ _____
Parent's Name (Print) **Parent's Signature** (cannot be typed) **Date**

If your parent(s) refuse to sign this form, you must submit a **typed, signed, and dated statement** from a third-party familiar with the situation. The statement should be from an adult who has direct knowledge of the situation, or a professional from whom you have sought assistance. Professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy members, etc.

_____ _____
Name of Third-party (Print) **Relationship to Student**

By signing this form, I, the student, acknowledge that I will be ineligible to receive any other Title IV Federal Financial Aid besides Federal Unsubsidized Loans if this form is approved. 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: Approved Sign/Initial _____ Date _____
Denied: _____