

2015-2016 Dependency Override Request

This form is for dependent students who do not meet the federal criteria for “independent” status but wish to have their unique circumstances reviewed in order to be considered an independent student. **Students who are estranged from their parents due to circumstances (e.g., child abuse, abandonment, family alcoholism or drug abuse, etc.) which can be documented by an objective third party (e.g., a pastor, a high school or college counselor, a social service agency official, etc.) may qualify for this special treatment:**

Instructions:

Complete and submit this form along with the required documentation to the UC Riverside Financial Aid Office. Documentation requirements are listed below. After your request and your documentation are reviewed, we will notify you of the results or if additional information is needed.

1. Name (print): _____ Student ID Number: _____
2. Address: _____ Phone: (____) _____
3. Please indicate the last time you lived with and received support from your parents (**give month and year**).
 - a. Last received support from: Parent 1 _____ Parent 2 _____
 - b. Last lived with your: Parent 1 _____ Parent 2 _____
4. Parent(s) Current Address: _____
5. **Required documentation:** a signed statement from an objective third party (e.g., pastor, high school or college counselor, social service agency official, etc.) who was aware of the circumstances during the time they occurred and who can verify them to us.

Note: A person who can only verify that you told them about your circumstances may not meet the criteria for verifying your unique situation.

Certification: I certify that the information provided above and the attached documentation are true and correct to the best of my knowledge. I also realize that purposely giving false or misleading information on this form may result in a \$20,000 fine, a prison sentence, or both.

Signature: _____ Date: _____

Did you? Write your personal statement? Attach third party documentation

