



## REQUEST FOR DEPENDENCY STATUS OVERRIDE

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

In order to have your dependency status change from dependent to independent, you must complete all three parts of this form and attach the necessary documents. Be sure to document your case thoroughly. **Incomplete documentation will be grounds for denial.** In addition to the supporting documentation below, explain your situation in as much detail as possible in a letter attached to this form.

**Further processing of your application cannot continue until this application is complete. You have 15 days from the date of this request to submit this form and any necessary documents to the Financial Aid Office. Failure to do so will result in cancellation of any tentative or actual financial aid.**

The Financial Aid Office will inform you of the outcome of this request via written correspondence within two to four weeks.

### **PART ONE: STUDENT STATUS**

Check one of the conditions below and attach any necessary documents and letters to support your claim.

- A. \_\_\_\_ I am estranged from my parents due to irreparable family breakdown. (A letter from a professional third party\* from whom you have sought support and/or advice must be attached.)
- B. \_\_\_\_ I have been supported by a third party or agency for reasons other than personal choice. (A letter from that agency or party\* must be attached.)
- C. \_\_\_\_ My custodial parent is deceased and I have had no contact or support from my non-custodial parent since \_\_\_\_\_
- D. \_\_\_\_ Other, my situation does not fit into one of these categories (please include all information regarding your situation in your personal letter)

\_\_\_\_\_  
Name of non-custodial parent (if applicable)

\_\_\_\_\_  
Last known address of non-custodial parent

\* An agency or party that has no financial or personal interest in the outcome of your application, such as a high school guidance counselor, physician, clergy, etc. from whom you have sought assistance. (Relatives, employers, friends, etc. cannot supply this information.)

**PART TWO: INCOME VERIFICATION**

A. Will you file or are you required to file a 2010 U.S. Tax Return?      YES       NO

If YES, attach a signed copy of your 2010 Federal Tax Return including all schedules and W-2 forms. If you did not keep a copy of the tax return, request a transcript or 1722 letter from the Internal Revenue Service at (800) 829-1040 or a copy from your tax preparer.

If NO, list below your employer(s) and any income you received 2010.

Sources (use the W-2 form or other earnings statements)	Annual Amount

B. Did you receive any untaxed income or benefits in 2010?      YES       NO

If YES, list below the source(s) and total amounts(s) of untaxed income received in 2010.

Sources of untaxed income	Annual Amount

**PART THREE: To complete the Override Request, please provide the following documentation:**

- A personal letter stating situation that led to Independent Status including, but limited to, your current living and financial situation.
- A supporting letter of claim (written by either family member, friend, etc.)
- A supporting letter of claim from 3<sup>rd</sup> party person (mentor, guidance official, court appointed guardian, etc.)
- Additional paperwork to support claim (court paperwork, medical notes, etc.)
- A copy of your 2011 Federal Tax Returns (signed) and W2 statements
- Independent Verification Worksheet
- Student Income and Expense Form

## DISCLOSURE

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## STUDENT CERTIFICATION

**WARNING:** If you purposely provide false or misleading information on this form, you may be subject to fines, imprisonment, or both.

By signing this form, I certify that all information reported is complete and correct.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

**Please mail, email or fax this completed form to:**

**Fisher College  
Office of Financial Aid  
118 Beacon Street  
Boston, MA 02116  
(P) 617-236-8821  
(F) 617-670-4440  
[financialaid@fisher.edu](mailto:financialaid@fisher.edu)**