

Last Name, First Name	M.I.	Student ID#	Phone# (Include Area Code)
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Eligibility for assistance is based on the assumption that students and their parents are primarily responsible for paying for the students' education. If the directions on the FAFSA application instruct you to provide parents' information, then by law you are considered dependent on your parents. In extreme hardship cases, the Financial Aid Office may be able to assist a student who is technically dependent, but who does not or cannot have contact with his/her parents. This will apply to situations where the student's physical or emotional welfare is jeopardized by contact with the parent(s). In such cases, **THE STUDENT MUST COMPLETE THIS FORM AND PROVIDE WRITTEN DOCUMENTATION FROM A THIRD PARTY PROFESSIONAL.** (See Below *)

	Mother	Father
Name:	_____	_____
Address:	_____	_____
Phone#:	_____	_____

1. When was the last time you lived with either parent? _____(month/year)
2. When was the last time you had any contact with either parent? _____(month/year)
3. When did your parents last provide any form of support? _____(month/year)
4. What are your current living arrangements; who do you live with and how much rent do you pay each month? (provide date)

5. How do you support yourself and meet living expenses? _____

6. Why are you unable to provide any parental information? (Please attach a signed explanation on a separate sheet of paper. Provide any information that you feel supports your request to be considered as an independent student and fully explains your current situation.

*The above information must be verified and documented by a **THIRD PARTY PROFESSIONAL** who is aware of your situation and can corroborate the facts as you have presented them. Example of such persons would include: **CLERGY, SOCIAL WORKERS or OTHER SOCIAL SERVICE PERSONNEL, COURT OFFICIALS, HS TEACHERS/COUNSELORS, DOCTORS, and POLICE OFFICERS.** The individual who completes the document must provide his/her name, title and relationship to the student, along with his/her signature, date and phone# on **OFFICIAL COMPANY LETTERHEAD.**

I certify that this information provided is true and correct and I understand it will be used to override federal regulations regarding my dependency status.

I understand that I must provide documentation to support this request from a third party professional as described above. I further understand that if I move back with my parents or receive any kind of support from them, I must report this to the financial aid office immediately.

Student Signature: _____ Date: _____

Financial Aid Office Use Only

Using professional judgment, this student is independent _____ Request for change to independent status is: Denied _____
Postponed _____

Comments: _____

FAO: _____ Date: _____