Office of Financial Aid

Dependency Override Request 2023-2024

To request that parent information not be reported on the FAFSA due to extenuating circumstances.



STUDENT INFORMATION				
Studen	t Name:	Student ID:		
Student Address:		Student Date of Birth:		
City, State, Zip:		Student Email:		
Student Phone:		Student Alternate Phone:		
IMPORTANT INFORMATION				
WAR	 Enrolled in a Master's or Doctorate Degree program. Active duty in Armed Forces (for other than training purposes). Veteran of the Armed Forces. Have children receiving more than half of their support from you between July 1, 2023 and June 30, 2024. Dependents – other than your children or spouse – living with you, and who will receive more than half their support from you between July 1, 2023 and June 30, 2024. WARNING: According to the Department of Education, the following is not considered when evaluating dependency overrides: Not being claimed on your parent's tax returns. Not living with your parents. Financial independence. Conservatorship. 			
		ENTS DUE TO NO PARENT CONTACT		
		listed. wo professional statements on company letterhead with acher, counselor, clergy, social worker, etc.) can verify		
REQUIRED DOCUMENTS DUE TO PREGNANCY				
	2023-24 FAFSA application with Grayson College			
	REQUIRED DOCUMENTS D	UE TO DEATH OF PARENT(S)		
	2023-24 FAFSA application with Grayson College A copy of death certificate(s) OR a copy of an obitu	listed. uary which lists the student as the child of the deceased.		

> If only one parent is deceased, student must provide a typed statement as to why they are unable

to provide surviving parental information.

EXPLANATION OF CHANGES				
Provide a detailed statement of the mitigating circumstances that make you independent of your parents. If needed, type and attach an additional sheet.				
SIGNATURE				
I understand when applying for a dependency override:				
➤ Additional documentation may be requested.				
➤ Processing may take 2-3 weeks.				
Incomplete requests may not be processed.				
By signing this form, I agree to provide information that will verify the accuracy of my situation. I understand if I purposely give false or misleading information, I will be referred to the Department of Education Inspector General.				
I understand if I purposely give false or misleading information in order to qualify for Title IV funds, I may be fined				
\$20,000, sent to prison, or both.				
Student Printed Name:	Student Signature:	Date:		

Send forms to: Grayson College Financial Aid Office • 6101 Grayson Drive, Denison, TX 75020-8299 Email forms to: financialaid@grayson.edu • Fax forms to: 903.463.3908