



2026-2027 FAFSA Dependency Override Request Form

Student ID _____

Student Name _____

Based on guidelines set by the U.S. Department of Education you are a dependent student. However, you have indicated on the FAFSA or to our office that you have unusual circumstances and cannot provide parent information on the FAFSA. This form will help our office make a final determination on your unusual circumstance. While we welcome the opportunity to review your unique situation, we cannot guarantee that each review will produce a specific, desired outcome.

Per federal regulations the following situations, in and of themselves, **do not** automatically qualify a student as independent for financial aid purposes:

- Parents do not want to provide their information on your FAFSA; *or*
- Parents refuse to contribute to your college expenses; *or*
- Parents do not claim you as a dependent on their income taxes; *or*
- You do not live with your parents and you demonstrate self sufficiency

To be considered for a dependency override, you must provide the information listed below. This information will be held in the strictest confidence. **Failure to provide any required documentation will result in an automatic denial.** Be advised that your information will be reviewed and your request may be denied. The Student Financial Aid Office will send an email to you regarding the decision. **All decisions are final and cannot be appealed further.**

☐ **Personal Statement:**

In the space below, describe your relationship with your parents and the circumstances leading to your independence from your parents. Include:

- Your current relationship with your parents and your last contact with your parents
- The circumstance leading to your independence from your parents - include dates of events and attach any supporting documentation (police, medical, court documents, etc.)
- How you have been supporting yourself and where/with whom you have been living

☐ **Professional Letters:**

- Submit **two separate, typed, signed statements**, from two separate professionals (***not family members***), to verify the events leading to your separation from your parent's household that you described in your personal statement. Professional individuals include clergy members, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals, and law enforcement officers. Professional letterhead is required, emails must come from their professional email address.

Certification Statement and Signature

The information contained in this appeal and in any supporting documents is true and complete to the best of my knowledge. I have not knowingly or intentionally provided any fraudulent documentation. I understand that failure to provide documentation will result in a denial and submitting this Dependency Override Request does not guarantee an override of my dependency status. I understand the decision based on this request cannot be appealed further and is final.

Student (Wet Ink Signature - No digital signatures)

Date

Please upload this completed form, supporting documents and professional letters within your Financial Aid Student Portal at: <https://finaid.park.edu/NetPartnerStudent>

Or by US Mail to:

Student Financial Aid Office

8700 NW River Park Dr.

CMB # 44

Parkville, MO 64152