



Submit this form if you have an unusual circumstance that prevents you from contacting your parents or obtaining their information to fully complete your 2024-2025 FAFSA as a dependent student.

Section A – Student Information

Student ID #: _____ Full Name: _____
Student Email: _____ Primary Phone Number: _____

Section B – Instructions

Please follow the steps below to be considered for a Dependency Override. Your request will not be processed unless all requirements are met.

1. Attach a typed personal statement explaining reason(s) for this request, your relationship with both biological (or adoptive) parents including timeline of events, current living arrangements and how you support yourself.
2. Attach documentation that supports your request:
 - a. Legal documentation (i.e., police/incident reports, court orders, Child Protective Service (CPS) documentation, proof of incarceration or institutionalization, death certificate, asylum, or refugee status, etc.) or
 - b. At least two (2) statements by professional third parties that confirm the relationship with your parents. Professional third parties can include clergy, counselor, teacher, lawyer, etc.
 - i. *A personal acquaintance or family member is not considered a professional third-party.*

NOTE: If you do not have legal documentation and are unable to obtain professional references, please clearly address the circumstances in your personal statement as to why there is no supporting documentation.

3. Return all documents to the Financial Aid Office.
4. Monitor your Drake State student email account for a decision regarding your request. Requests for additional documentation will be emailed to your Drake State student email account.

Section C – Certification

I am requesting consideration for a Dependency Override at Drake State Community and Technical College. I certify that I have no contact with my parent(s) or contacting my parent(s) poses a risk. I request consideration to be an independent student for financial aid purposes due to a breakdown in my family structure caused by abuse, abandonment, estrangement, or neglect. I have attached the required documentation to this form. I understand that I must sign and return this form for my request to be reviewed and for consideration of further financial aid processing based on the approval of this request. **A handwritten signature is required. Electronic signatures are not accepted.**

Signature: _____ **Date:** _____



Use this form to provide the required Personal Statement submitted with your completed Dependency Override Request. The use of this form is not required; you may type your full Personal Statement, but it must contain the information requested below.

SECTION A: STUDENT INFORMATION

Student ID #: _____ Full Name: _____

SECTION B: Relationship with both biological (or adoptive) parents

Briefly explain your relationship with both parents to address the breakdown in family structure caused by abuse, abandonment, estrangement, or neglect, including timeline of events, current living arrangements and how you support yourself. (Information submitted is kept confidential.) **Statement must be typed.**

Student Signature *(Electronic Signatures not accepted)*

Date

X _____

Return this completed form with any required documentation to:
Office of Financial Aid, Drake State Community and Technical College
3421 Meridian Street North, Huntsville, AL 35811



Unusual Circumstances
Dependency Override Request
Statement by a Professional Third Party

Financial Aid & Scholarships requests additional information from a professional third party (not a friend or relative) to review the student’s family situation. We appreciate your assistance with a brief statement on your professional knowledge of the student’s relationship with their parents. Third parties may submit a signed typed statement on professional letterhead in lieu of this form. Typed statement must include the information requested on this form.

SECTION A: STUDENT INFORMATION

Student ID #: _____ Full Name: _____

SECTION B: STATEMENT BY PROFESSIONAL THIRD PARTY

Professional’s Name: _____ Title (Doctor, Professor, Counselor, etc.) _____

Phone number (including area code) _____ Email: _____

Street Address: _____ City, State: _____ Zip Code: _____

- How long have you known the student? _____
- What is your relationship to the student? _____
- With whom does the student reside? _____
- How does the student support themselves? _____

Please briefly explain the student's relationship with both their biological, or adoptive, parents.

Section C – CERTIFICATION

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed.

Signature: _____ Date: _____

X _____

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