DEPST D6



Request for Dependency Override 2024-2025

First Name	Last Nam	ne	NEO ID#
Address			Social Security Number
City	State	Zip Code	Phone Number
<u>PLE</u>	ASE READ THE INFO	ORMATION BELOW BEFORE COM	PLETING THIS FORM
			ng for your college expenses. To determine noial information about you and your parents'
	cial circumstance). The fo		ss than 1% of FAFSA applicants meet the circumstances where you may submit your
You have le		ve family environment; or s are and are unable to contact them (an	d you have not been adopted).
But not all situations ar be considered a special o		circumstance. The following are situati	ions that alone or in combination would not
Your parenYour paren	ts refuse to contribute to	their information on your FAFSA; or your college expenses; or dependent on their income taxes; or	
If you believe that you mate	ay qualify for an exemption	on to providing parental information, plea	se submit this form, along with the following
dependency over	u explaining your situation erride. The issue is the re you need from them to co		parents is not a consideration for a ur parents and why you feel you cannot get
relationship betv know about you a friend . Exam	ween you and your paren r relationship with your pa ples would be a counseld	nts. These are not recommendation let arents. At least one of the letters must or, teacher, minister, caseworker, etc. Al.	should discuss what they know about the ters. The writers should discuss what they to be from someone who is not a relative or a letters must be signed and dated by the formation such as a phone number or email
✓ A copy of your 2	2022 Federal 1040 Tax Fo	forms, if you filed taxes.	
Student Signature			Date