



# 2026-2027 Dependency Override Request

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Last Name, First Name

Student ID Number

### Reasons for a Dependency Status Override

Students who are estranged from their parents due to unusual circumstances that can be documented may qualify to be considered independent for financial aid purposes. To justify a dependency override, dysfunction in the relationship between the student and both parents must exist. Dysfunction may be the result of an abusive family environment that endangers student health or safety, abandonment, or other irreconcilable differences within the family. Other examples of conditions permitting a dependency override include but are not limited to having no contact with all surviving parents, death of parent(s), and incarceration of parent(s).

Per federal regulations, the circumstances below alone are **not** justifiable reasons for a dependency override:

- You (the student) do not live with your parents.
- Your parents refuse to or are financially unable to pay for college.
- Your parents do not claim you as a dependent on their income tax return.
- Your parents are not willing to provide their information on the parent section of the FAFSA or for verification.
- You do not rely on your parents for support, financially or otherwise.
- You are financially self-sufficient.

### Questions

When was the last time you spoke to or had contact with your parents? \_\_\_\_\_  
(mm/dd/yyyy)

Name of Parent 1, if known: \_\_\_\_\_ Name of Parent 2, if known: \_\_\_\_\_

### Documentation

1. A signed and dated personal statement written by you, the student, describing the circumstances of your current family situation. Include: a) a narrative of events and dates, and b) an explanation of how these events led up to the deterioration/dysfunction in the parent/child relationship with both of your parents and your estrangement from them.
2. Documentation supporting your situation (police reports, text messages, emails, letters, etc.)
3. A signed and dated statement on official letterhead from a **professional** third-party (e.g. counselor, physician, therapist, teacher, clergy, social worker, court officer, etc.) with first-hand knowledge who can verify the circumstances you describe in your personal statement. If you have no **professional** third-parties who can verify your situation, you may submit a statement from another individual. Please know that those non-professional statements may **not** be accepted. Be sure the third-party states their relationship status with you and how long they have been familiar with the circumstances surrounding your appeal.

**Signature Required:** By signing below, I certify all information on this appeal and attached documentation is complete and accurate. I understand that if I purposefully give false or misleading information I may be fined, sentenced to jail, or both.

_____	_____
<b>Student Signature</b>	<b>Date</b>

Updates will be sent to your SIS Student Services Center. Signatures must be hand drawn or acceptable electronic signatures (typed names in script fonts are not acceptable). Upload this form on the Reynolds Financial Aid web page, fax to (804) 371-3739 or submit to the Financial Aid Office in person. More information can be found at [https://www.reynolds.edu/pay\\_for\\_college/financial\\_aid/forms/index.html](https://www.reynolds.edu/pay_for_college/financial_aid/forms/index.html)