**Dependency Override Request Form**  
2019-20

<table>
<thead>
<tr>
<th>Student ID #</th>
<th>Name</th>
<th>Date of Birth</th>
<th>NDSU Email</th>
</tr>
</thead>
</table>

Complete this form if you do not meet the federal criteria to be considered independent for financial aid purposes but can demonstrate a compelling reason for excluding parental information on your 2019-20 Free Application for Federal Student Aid (FAFSA). Submit this completed form and all supporting documents in Sections B or C to **NDSU One Stop** using your preferred method below.

Mail: NDSU One Stop • NDSU Dept. 2836 • PO Box 6050 • Fargo, ND 58108-6050  
Drop off: 176 Memorial Union  
Scan and email: ndsu.onestop@ndsu.edu  
Fax: 701-231-8297

If you have questions about the dependency override process or how to complete this form, contact Kristie Myers at 701-231-8061. Please allow a minimum of 2 weeks for your information to be reviewed. You will be notified through your NDSU email account when a decision has been made.

Mark the option below that applies to you.

**Override Renewal:** I was approved for a dependency override at NDSU for the 2018-19 academic year, do not meet the criteria to be independent for financial aid purposes, and am requesting that my override be renewed for the 2019-20 academic year. Note: An override renewal cannot be submitted unless it has been **three months or longer** since your 2018-19 override was approved.  
- Complete sections A, B and D.

**Initial Request:** I have never been approved for a dependency override at NDSU.  
- Complete sections C and D.

**SECTION A: Reason for Override Request**

Complete this form based on your relationship with your biological or legal parent(s). Due to the sensitive nature of this type of information, please be assured that any information you share with NDSU One Stop and Financial Aid and Scholarships will remain confidential.

**Conditions that MAY warrant a dependency override are listed below. Please mark all that apply to your situation.**

- **Abandonment:** Your parent(s) retained legal custody of you, but voluntarily left or were purposely absent. Their whereabouts are unknown or you cannot readily reach them. You have not had contact with your parent(s), they did not claim you on their most recent income tax return, and they have not provided you with any emotional or financial support (including health or auto insurance coverage) for an extended period of time.
- **Abuse:** Your health or safety was at risk due to living with your parent(s) in an environment that included physical, sexual, emotional, verbal or substance abuse.
- **Incarceration:** At least one parent is in prison as a result of their participation in illegal activities and you do not have contact with or receive any support from your other parent.
- **Institutionalization:** At least one parent is institutionalized and lacks the mental capacity to complete the FAFSA and you do not have contact with or receive any support from your other parent.
- **Death:** Your custodial parent is no longer living and you do not have contact with or receive any support from your other parent.
- **Location Unknown:** Your parents do not reside in the United States and cannot be contacted.
- **Conflicting Beliefs or Practices:** Your parents disowned or severed ties with you because your beliefs, practices or preferences differ from theirs in one or more of the following areas: Race, religion, education, health, gender, sexual orientation or cultural expectations.

**Go to Section B if you are requesting a renewal of a previous dependency override at NDSU.**  
**If this is your first override request, skip Section B and go to Section C.**

**SECTION B: Renewal Requests**

1. To your knowledge, did either of your parents claim you as a dependent/exemption on their 2017 income tax return?  
   Yes  
   No
2. To your knowledge, are you covered under either parent’s insurance policies, cell phone plan, gym membership, etc.?  
   Yes  
   No
3. Have you had any contact with or received any support from either of your biological/legal parent(s) in the past 6 months?  
   Yes  
   No

**If you answered yes to question 3, you must submit a signed statement with this form** detailing the frequency and nature of the contact you’ve had with both parent(s) in the past 6 months. For example: Dad called once to notify me of a family member’s death. No contact with mom.

**After completing this section, skip Section C and go to Section D.**
SECTION C: Initial Requests

Complete the information below based on your relationship with both of your biological/legal parents.

1. Provide the month and year that your relationship with your parents ended: ____________ ____________

2. Mark the statement below that best describes your situation:
   - I was living with my parent(s) and was kicked out or told I could no longer live with them.
   - I was living with my parent(s) and left the home due to abuse, conflict or discord.
   - I lived with my parents until I turned 18 or graduated from high school and was not forced to move out.
   - I never lived with either parent but was never legally adopted by or under legal guardianship of anyone else.
   - Other (please explain) ____________________________________________________________________________

3. To your knowledge, did either of your parents claim you as a dependent/exemption on their 2017 income tax return? Yes No

4. To your knowledge, are you covered under either parent’s insurance policies, cell phone plan, gym membership, etc.? Yes No

Using the chart below, report the details of your most recent contact with both parents. Example: 5/2017 - called to wish me a happy birthday.

<table>
<thead>
<tr>
<th>Parent</th>
<th>Month/Year of Most Recent Contact</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following documents must be submitted with this form for consideration of your override. Failure to include all requested documentation will result in automatic denial of your override request.

- A signed personal statement from you, the student, describing the history of your relationship with both parents. Include step-parents if applicable. Whenever possible, provide specific examples of the events that led to the breakdown in your relationship with your parents. Your statement must also include the following:
  - Where and with whom you lived from the time you stopped living with your parents through now; and
  - Who provided your financial support from the time you stopped living with your parents through now? If you didn’t receive any financial support from others, explain how you supported yourself (i.e. job, financial aid, food stamps, etc.).

- Two letters of support from parties who can confirm the dissolution of your relationship with your parent(s) by providing specifics about your family situation. The letters of support must include the person’s signature, phone number and capacity in which they know you.
  - The first letter must be from an unbiased professional such as a doctor, psychiatrist, pastor, teacher, employer, high school guidance counselor, attorney or police officer.
  - The second letter may be from a friend, relative, neighbor or anyone with knowledge of your family situation.

- If your custodial parent has passed away, submit a copy of their death certificate, obituary or memorial program.

After completing this section, go to Section D.

SECTION D: Student Certification and Signature

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that that a dependency override in future years is not automatic and I will be required to complete an override renewal if my relationship with my parent(s) has not changed. I agree to notify NDSU Financial Aid and Scholarships if the relationship with my parent(s) is reestablished or they provide me with any financial support*. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of any financial aid I received.

Student’s Signature ____________________________ Date ____________/_________/_______

*Financial support includes, but is not limited to, giving you money, paying bills on your behalf, covering you on an insurance policy, etc.

After signing and dating this form, go to Section E for information on what you can expect next.

SECTION E: Next Steps

If you have not already done so, complete the 2019-20 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov. You may skip the sections asking for parent income and household information, but must complete all other sections. Be sure to enter NDSU’s school code of 002997 in question 103(a) and electronically sign the FAFSA using your FSA-ID credentials to ensure your application date is recorded.

If your dependency override is approved by NDSU, your FAFSA will be pushed through as an independent student. An expected family contribution (EFC) will be calculated based solely on your income and assets and the FAFSA will be electronically sent to NDSU. A financial aid award will be generated (usually within 2 weeks of receiving your pushed FAFSA, starting mid-March for new students and mid-May for returning students), and you’ll receive an email communication directing you to Campus Connection to accept or decline your financial aid award.

If your dependency override request is denied by NDSU, you’ll be required to correct your FAFSA and include your parents’ financial information and signatures if you wish to be awarded state or federal financial aid.