2026-2027 Dependency Override Request

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Last Name	First Name	MI	Cortland ID

The Dependency Override Request is for students who feel they should be considered independent from their parents for financial aid purposes but do not meet the federal criteria to be considered independent. Dependency overrides are reviewed on a case-by-case basis for students with unusual circumstances. These circumstances must be documented by an objective third party (e.g., high school or college counselor, clergy, social agency official, court official, etc.).

Not all requests will be approved. Changes resulting from this review do not guarantee an increase or change in financial aid. Approval of a dependency override does not guarantee the status in future years. Dependency override appeals must be recertified every academic year.

Please note, that none of the following conditions listed below qualify as unusual circumstances:
- •Parents' refusal to contribute to the student's education
- •Parents are unwilling to provide information on the application or for verification
- •Parents do not claim the student as a dependent for income tax purposes
- •Student demonstrates total self-sufficiency

New Request

1. Submit a letter explaining your request to be considered independent. Your letter must include the following:
    a. Last date and nature of parent contact
    b. Location of your parents
    c. How you are supporting yourself
2. Provide **two** signed and dated letters from third-party individuals who have knowledge of your situation and can verify your circumstances (e.g., high school or college counselor, clergy, social agency official, court official, etc.)
3. Submit documentation of how you support yourself (e.g., current paycheck stub, tax return, etc.)
4. Submit additional supporting documentation, if applicable (e.g., police report, court documents, etc.)

Renewal Request

Submit a detailed explanation of the unusual and extenuating circumstances that remain unchanged from the previous dependency override request.

Statement of Certification

I certify that the information included is true and accurate to the best of my knowledge and is not falsely represented. I understand that the submission of this information does not release the student from any current or future obligations with the Student Accounts Office. I also understand that this request does not guarantee approval and/or may not result in a change to financial aid eligibility.

Student Signature	Date