

2021-2022 Dependency Appeal Request

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Student Name:	SSN or CID#:
Student Address:	
Phone#: ()	
answers the student provides on Student Aid (FAFSA). Since you must provide documentation that	termines a student's status as dependent or independent by the the questions listed in Step Three of the Free Application for Federal do not meet the federal definition of an independent student, you demonstrates unusual circumstances. Please complete this return it with supporting documentation.
The following DO NOT qualify as	reasons for requesting a dependency change:
 You do not live with your p 	rovide information on the application or for verification.
The following reasons may quali	ify a student for a dependency override:
Abandonment by parents.An abusive family environStudent is unable to locate	ment that threatens the student's health or safety.
	ependency override process. The documentation must support, and st and should in almost all cases originate from a third party with
	review the request and examine the supporting documentation. Igment, the request will either be approved or denied. The student cision.
you from obtaining your parent's t	ement explaining the situation(s) that exists in your family preventing financial information, such as parent physical or emotional abuse, arceration, drug or alcohol abuse, mental incapacity, or other such
2. Reason for requesting to be	independent: (check ONE that describes your circumstances)
abandonment by both parthistory of parental alcohol	or drug abuse dial parent and inability to obtain other parent's information

3. You must provide at least one form of documentation on official letterhead from a third party person to support your request. Check the type(s) of documentation you are providing to support your request.	
Third party letter from: Social worker Psychologist High school counselor Teacher Doctor Other professional	
4. You must provide at least two additional forms of documentation to document your circumstance. Check the type(s) of documentation you are providing to support your request.	
 □ Police Report □ Court Reports □ Documentation from a social service agency □ Parent's death certificate □ Clergy □ Relative □ Other Report-Type: 	
Student Certification (Read carefully before you sign) I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I swear or affirm that have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documents, my appeal will be DENIED and my eligibility for Federal and State financial aid jeopardized.	
Student Signature Date	
Do not submit this form without all the required documentation. Please return this form and documentation to: 1 Academic Drive, Corning, NY 14830 ● Attn: Financial Aid Phone 607-962-9875 ● Fax 607-962-9019	
OFFICE USE ONLY	
Is there a prior year dependency appeal processed: Yes No	
☐ Dependency appeal has been approved	
☐ Student is not eligible for a dependency appeal	
Reason for ineligibility:	
Financial Aid Representative Date	