



2022-2023 Dependency Override Request

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax: 903.886.5098

FAO.SpecialCircumstances@tamuc.edu

Office Use Only
DEPOVR

STUDENT'S NAME: _____ CWID: _____

The following requested information is used in our office to review student's petition for independent status. Even though you might meet all guidelines it does not guarantee status will be changed to "independent."

PARENT AND PERSONAL INFORMATION

If known, identify the location of both of your parents:

Parent 1 Name: _____ Address: _____

Parent 1 Phone Number: _____ Are you in contact? YES NO

Parent 2 Name: _____ Address: _____

Parent 2 Phone Number: _____ Are you in contact? YES NO

Describe the last time you had contact with **each** of your parents - when, where, and the nature of the contact.

Please provide a personal statement indicating your relationship with parent(s). You may attach additional sheets to this petition if necessary.

Explain your current living arrangement. Explain how you support yourself and pay for living expenses, transportation, and college expenses.



Petition for Independent Status

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STUDENT'S NAME: _____ **CWID:** _____

LETTER OF REFERENCE INFORMATION

Three references are required. Each reference must write a letter addressing your living arrangements. Documentation and/or statements should be from people who are aware of your situation and know that you have not had contact with your parents. Fellow students are not acceptable. Only one of the three references can be from a friend or relative and *must be signed*. The remaining two must be professionals (school counselors, teachers, clergy, attorneys, therapists, etc...) **Professional references must be on letterhead and signed** as well. Please state the following references that will be attached to your application:

LETTER OF REFERENCE 1

Name: _____ Relationship to you: _____

Job Title: _____ Employer: _____

Address: _____ Phone: _____

LETTER OF REFERENCE 2

Name: _____ Relationship to you: _____

Job Title: _____ Employer: _____

Address: _____ Phone: _____

LETTER OF REFERENCE 3

Name: _____ Relationship to you: _____

Job Title: _____ Employer: _____

Address: _____ Phone: _____

CERTIFICATION

I certify that the information submitted on this petition is true and correct and I understand that it will be used to override federal regulations regarding my dependency status. I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment or neglect.

I understand that if I move back with my parents or receive support directly or indirectly from my parents that I must and will report this information immediately to the Financial Aid Office.

I understand that purposely falsifying information may lead to the cancellation of my financial aid and will prevent me from receiving financial aid in future academic years. I also understand that any falsification found will be reported to the Department of Education and the Attorney General's Office and I may be prosecuted to the full extent of the law.

Student's Signature

Date

**You can send this form electronically. Save it on your computer first.
Send it as an attachment to FAO.SpecialCircumstances@tamuc.edu**