



# 2022-2023 Dependency Override Request

## SECTION A: STUDENT INFORMATION

Student Name	UNT Assigned ID	SSN (last 4 digits only)

## SECTION B: INSTRUCTIONS

Please follow the steps below to be considered for a Dependency Override. Your application will not be reviewed unless **all** requirements are met.

1. Complete the certification on this form.
2. Attach a typed personal statement indicating relationship with both biological mother and father.
3. Attach at least three (3) personal statements by ***professional*** third parties. Professional third parties can include clergy, counselor, teacher, lawyer, etc. A personal acquaintance or family member is not considered professional third-party reference.
4. Completed Free Application for Federal Student Aid (FAFSA) if not already submitted.
5. Return all documents to our office: <https://financialaid.unt.edu/upload>

## SECTION C: CERTIFICATION

I am requesting consideration for a Dependency Override at the University of North Texas. I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment, or neglect. I request to be considered as an independent student for financial aid purposes and have attached the required documentation to this form. I understand that I must sign and return this form for my financial aid to be processed. **Handwritten signature is required. Electronic signatures are not accepted.**

Student Signature

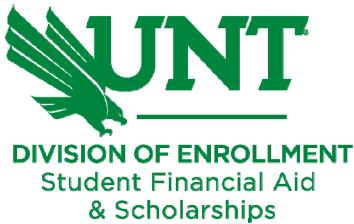
Date

X \_\_\_\_\_

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***Return this completed form with any required documentation to:***

*Student Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017  
or fax to (940) 565-2738 or save as PDF and upload at <https://financialaid.unt.edu/upload>*



## 2022-2023 Dependency Override: Statement by a Professional Third Party

### SECTION A: STUDENT INFORMATION

Student Name	UNT Assigned ID	SSN (last 4 digits only)

### SECTION B: PERSONAL STATEMENT BY A PROFESSIONAL THIRD PARTY

Third Party Name:	Telephone (include area code):	
Street Address:	City, State:	Zip Code:

- How long have you known the student? \_\_\_\_\_
- What is your relationship to the student? \_\_\_\_\_
- With whom does the student reside? \_\_\_\_\_

Please explain the student's relationship with their biological parent(s). Use the back of this form if necessary.

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### SECTION C: CERTIFICATION

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. **Electronic signatures are not accepted.**

Signature

Date

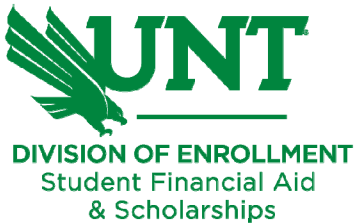
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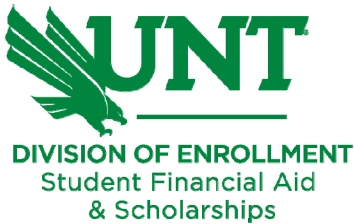
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