



DIVISION OF ENROLLMENT  
Financial Aid & Scholarships

# 2023-2024 Dependency Override Request

## SECTION A: STUDENT INFORMATION

Student Name	UNT Assigned ID

## 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. Completed Free Application for Federal Student Aid (FAFSA) if not already submitted.
2. Complete the certification on this form.
3. Attach a typed personal statement indicating relationship with both biological (or adoptive) parents.
4. Attach at least three (3) statements by professional third parties that confirm the relationship with your parents. Professional third parties can include clergy, counselor, teacher, lawyer, etc. A personal acquaintance or family member is not considered professional third-party.
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 \_\_\_\_\_

\_\_\_\_\_

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

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>



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## 2023-2024 Dependency Override Request: Personal Statement

### SECTION A: STUDENT INFORMATION

Student Name	UNT Assigned ID

### SECTION B: Relationship with both biological (or adoptive) parents

Briefly explain your relationship with both parents and the breakdown in family structure caused by abuse, abandonment, or neglect. (Information submitted is kept confidential.) **Statement must be typed.**

Student Signature	Date
X _____	_____

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## 2023-2024 Dependency Override: Statement by a Professional Third Party

Financial Aid & Scholarships requests additional information from a professional third party (not a friend or relative) to review the student's family situation. We appreciate your assistance with a brief statement on your professional knowledge of the student's relationship with their parents. Third parties may submit a signed typed statement on professional letterhead in lieu of this form. Typed statement must include information requested on this form.

Student Name	UNT Assigned ID

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

Professional's Name:		Title (Doctor, Professor, etc.)
Phone number (including area code)	Email:	
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 briefly explain the student's relationship with both their biological parents.

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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

X \_\_\_\_\_

\_\_\_\_\_

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