DIVISION OF ENROLLMENT
Financial Aid & Scholarships

2026-2027 Unusual Circumstances Dependency Override Request

Submit this form if you have an unusual circumstance that prevents you from contacting your parents or obtaining their information to fully complete your 2026-2027 FAFSA as a dependent student.

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 request will not be processed unless **all** requirements are met.

1. **Attach** a typed personal statement explaining reason(s) for this request, your relationship with both parents (biological or adoptive, whichever is applicable) including timeline of events, current living arrangements and how you support yourself.
2. **Attach** documentation that supports your request:
   - Legal documentation (i.e., police/incident reports, court orders, Child Protective Service (CPS) documentation, proof of incarceration or institutionalization, death certificate, asylum, or refugee status, etc.) **or**
   - At least two (2) statements by relevant third parties that confirm the relationship with your parents. A relevant third party should be a professional, such as clergy, counselor, teacher, lawyer, etc. A personal acquaintance or family member is not considered an acceptable third-party.

   NOTE: If you do not have legal documentation and are unable to obtain professional references, please clearly address the circumstances in your personal statement as to why there is no supporting documentation.
3. **Return** all documents to our office: https://financialaid.unt.edu/upload
4. **Monitor** your EagleConnect email account for a decision regarding your request. Requests for additional documentation will be emailed to your UNT EagleConnect email account.

SECTION C: CERTIFICATION

I am requesting consideration for a Dependency Override at the University of North Texas. I certify that I have no contact with my parent(s) or contacting my parent(s) poses a risk. I request consideration to be an independent student for financial aid purposes due to a breakdown in my family structure caused by abuse, abandonment, estrangement, or neglect. I 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, typed or font 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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Unusual Circumstances Dependency Override Request Personal Statement

Use this form to provide the required Personal Statement submitted with your completed Dependency Override Request. The use of this form is not required; you may type your full Personal Statement, but it must contain the information requested below.

SECTION A: STUDENT INFORMATION

Student Name	UNT Assigned ID

SECTION B: Relationship with both parents (biological or adoptive, as applicable)

Briefly explain your relationship with both parents to address the breakdown in family structure caused by abuse, abandonment, estrangement, or neglect, including timeline of events, current living arrangements and how you support yourself. (Information submitted is kept confidential.) **Statement must be typed.**

Student Signature

*X*_____

Date

_____

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Unusual Circumstances Dependency Override Request: Statement by a Relevant Third Party

Financial Aid & Scholarships appreciates your assistance with a brief statement on your professional knowledge of the student's personal situation. Third parties may submit a signed typed statement on professional letterhead in lieu of this form. Typed statement must include the information requested on this form.

Student Name	UNT Assigned ID

SECTION B: STATEMENT BY A RELEVANT THIRD PARTY

Name:		Title (Doctor, Professor, Counselor, 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? _____
- How does the student support themselves? _____

Please briefly explain the student's relationship with both of their parents (biological or adoptive, whichever is applicable). Even in cases of single parent family structure, address both parents, if possible.

SECTION C: CERTIFICATION

I certify that all information contained in this form is true and accurate. I understand that I may be contacted if further information is needed.

Signature Date

*X*_____ _____

Return this completed form with any required documentation to:
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fax to (940) 565-2738 or save as PDF for student submission though our secure uploader: https://financialaid.unt.edu/upload