DIVISION OF ENROLLMENT
Financial Aid & Scholarships

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. **Handwritten signature is required. Electronic, typed or font signatures are not accepted.**

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
fax to (940) 565-2738 or save as PDF for student submission though our secure uploader: https://financialaid.unt.edu/upload