



2017-2018 Dependency Override: Personal Statement by a Professional Third Party

SECTION A: STUDENT INFORMATION

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 his/her biological parent(s). Use the back of this form if necessary.

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 _____

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 and attach as PDF and email to financialaid@unt.edu*