

2019-2020 Dependency Override Request

SECTION A: STUDENT INFORMATION

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 at least three (3) personal statements by professional third parties. Professional third parties can include clergy, counselor, teacher, lawyer, etc.
3. Attach personal statement indicating relationship with biological mother and father.
4. Completed Free Application for Federal Student Aid (FAFSA) if not already submitted.
5. Return all documents to our office.

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. **Electronic signatures are not accepted.**

Student 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 a PDF and upload the documentation to the secured document upload portal found here: <https://financialaid.unt.edu/upload>.

2019-2020 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 _____

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2019-2020 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

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Signature

Date

 X _____

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2019-2020 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): _____

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