

2020-2021

Petition for Dependency Override

A. Student Information	
Student Name:	7-digit NAU ID Number:
Phone:	NAU E-mail:

Important: Section 479A of the Higher Education Act of 1965 permits a financial aid administrator to make dependency override on a case-by-case basis. The outcome of this petition is dependent on the nature of your circumstance(s) and the documentation provided to support your petition. All documentation submitted is confidential.

Complete and submit this this form with required documentation at nau.edu/OSFAdoc-upload

B. Petition Information
<p>Please note the following does not warrant a dependency override:</p> <ul style="list-style-type: none"> Your reluctance to request income information from your parent(s) or the unwillingness of your parent(s) to pay or provide information Self-sufficiency Estrangement from your parent(s) <p>Examples of circumstances that can be petitioned <u>may</u> include but are not limited to:</p> <ul style="list-style-type: none"> You are a refugee whose parent(s) are in another country, You are unable to obtain parental information due to extenuating circumstances, You have a documented case of abuse by a parent(s), or You have been legally removed from the home of your parent(s) or legal guardian(s).

C. Requirements
<p>A detailed personal statement, supporting documentation, and a third party statement are required in order for your petition to be reviewed.</p> <ul style="list-style-type: none"> Personal Statement Please attach a typed personal statement that summarizes the unusual and/or extenuating circumstances. Your statement should describe your relationship with your parent(s) and include any circumstances surrounding the situation such as last date of parent contact and location of your parent(s). Include detailed information on how you provide for yourself. Supporting Documentation Please attach relevant supporting documentation, such as court documents, legal documents, or police reports. Third Party Statement Please attach a typed, signed, and dated statement(s) on professional letterhead from a third party (e.g. guidance counselor, doctor, lawyer, teacher, clergy member, or social worker) summarizing your unusual circumstances and their knowledge concerning your relationship with your parent(s). If a family member, who is not your parent, has raised you or is currently supporting you, submit an additional statement from that family member. 2020-2021 FAFSA Please complete the Free Application for Federal Student Aid at fafsa.gov

D. Agreement and Understanding
<p>By signing this form you certify that all of the information reported on and submitted with this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.</p> <p><i>Important: Incomplete forms will not be processed and will be shredded for security purposes.</i></p> <p style="text-align: center;">Typed, copied, or electronic signatures will not be accepted.</p>

Student Signature:	Date:
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