

Dependency Override Appeal

This form is for students seeking independent status due to unusual circumstances. All appeals require documentation.

Student Information

Name**Student ID****Date of Birth****Phone****Current Address****Email ***

Reason for Appeal

Primary Reason☐ Parental abandonment☐ Abusive family situation☐ Unable to locate parents☐ Other unusual circumstances**Detailed Explanation of Circumstances ***

Supporting Documentation (Required)

Third-party statement (counselor, clergy, social worker, etc.)

Court documents (if applicable)

Other documentation (describe):

Other Documentation Description

Certification

I certify all information is true and accurate.

Student Signature

Sign above

Date:

Date

(MM/DD/YYYY)