

## Dependency Override Appeal

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

### Student Information

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

### Reason for Appeal

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

### Supporting Documentation (Required)

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

Court documents (if applicable)

Other documentation (describe):

Other Documentation Description

### Certification

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I certify all information is true and accurate.

Student Signature

\_\_\_\_\_

Sign above

Date:

\_\_\_\_\_

Date

(MM/DD/YYYY)