



2023-2024 Request for Review of Dependency

STUDENT NAME: _____ OSU ID: _____

INSTRUCTIONS

If you have extenuating circumstances that you feel warrant a review of your dependency status, you may appeal to be considered independent for financial aid purposes.

You may NOT appeal to be considered independent because your parent(s) refuse to contribute towards your education, are unwilling to provide information on the FAFSA or for verification, do not claim you as a dependent for income tax purposes, or do not financially support you.

Provide a clear and concise explanation of your extenuating circumstances. The statement must be signed and dated. The statement must include:

- Your relationship with your biological and/or legally adopted parent(s)
- Specific dates of events that caused the separation from both parent(s) including last date of contact

In addition:

- Documentation must be provided to support the extenuating circumstances. This should include court documents, written statements from a third party such as clergy, counselors, and/or social workers, and police reports.

BUCKEYE LINK STAFF MEMBER / FINANCIAL AID STAFF SIGNATURE

This appeal requires initial contact with Buckeye Link at 281 W. Lane Ave., and the appropriate staff signature.

Appeals received without the appropriate signature below will be delayed and will not be reviewed until contact is made with Buckeye Link at 614-292-0300.

If you plan to attend a regional campus or the Agricultural Technical Institute (ATI), contact the financial aid administrator at the appropriate campus: Lima, 567-242-7520; Mansfield, 419-755-4317; Marion 740-725-6242, Newark 740-366-9435 and ATI at Wooster, 330-287-1230.

Buckeye Link Staff Member / Financial Aid Staff Signature

Date

To return this form:

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264
Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300

Do not submit this form or any supporting documentation via email.

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CHECKLIST

Please verify the following steps have been completed before submitting:

- ☐ I have included my personal statement explaining my circumstances.
- ☐ I have attached documentation supporting the extenuating circumstances, including documents from a third party.
- ☐ All sections of this form are completed fully and there are no blank fields.

CERTIFICATION STATEMENT

I acknowledge that all of the information provided on this form is complete and correct.

I understand that the information I submit may be shared with university offices that have a need to know for purposes of reviewing and processing this appeal, and/or to comply with university policy or law.

PLEASE DO NOT SIGN ELECTRONICALLY.

Student Signature

Date

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