



Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

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SPU.EDU/SFS

2024 - 2025 DEPENDENCY OVERRIDE FORM

STUDENT NAME: _____ SPU ID: _____

Federal financial aid regulations assume a student’s family has primary responsibility for meeting the educational costs of a student. If you are a dependent student, as defined by the Free Application for Federal Student Aid (FAFSA), you are required by law to provide parent information on the FAFSA. Your aid eligibility is determined by using your parents’ income and asset information in addition to your information.

Occasionally, due to extraordinary circumstances, students cannot obtain parental information. If you cannot provide this information for an unusual reason, you may petition for a waiver of the federal regulations. Please include each of the following items in a letter of petition attached to this form.

1. Identify the location of both of your parents.
2. Describe the last time you had contact with each of your parents: when, where, and the nature of the contact.
3. Explain why you cannot obtain parental information.
4. Describe how you have been self-supporting: when did you start meeting your expenses without parental support, what has been your living situation since you became self-supporting, and how have you provided for yourself?
5. Provide signed and dated statements from two responsible adults who are aware of your situation and can confirm the facts you present. Examples of such persons would include clergy, social workers or other social service personnel, or police officers. **At least one statement must be from someone who is not a relative or friend.**
6. Please indicate the name, address, phone number, job title, and relationship to you for each of the people providing supporting statements on the provided lines:

A. _____

B. _____

By signing this verification statement, I attest that all information reported on this form and in the attached statements is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

Student Signature

Date

Phone

Email

OFFICE USE ONLY

Approved per Professional Judgment committee decision.

_____ Initials

Yes No

_____ Date