Imperial Valley College
Financial Aid Office
380 East Aten Road, Imperial, CA 92251-0158
Phone: (760) 355-6266 FAX: (760) 355-6119 www.imperial.edu

Appeal for Dependency Override

Name: _____ IVC ID#: G _____
Last First M.I.

Email: _____

Instructions: You may appeal to have your dependency status changed from **Dependent to Independent** with special circumstances if you can document extraordinary and/or unusual circumstances that prevent you from being able to provide your parent's information on the Free Application for Federal Student Aid *(FAFSA).* Clearly explain your circumstances below and attach the required supporting documents.

Please note: The Higher Education Act allow a financial aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. However, the law also states that the following conditions do not qualify as unusual circumstances and do not merit an override: 1) parents refuse to contribute to the students education; 2) parents are unwilling to provide information on the application or for verification: 3) parents do not claim the student as a dependent for income tax purposes and 4) student demonstrates total self-sufficiency *(2011-12 Federal StudentAid Handbook, AVG, pg. 28-29)*

Required Documentation:

1. A detailed statement from the student why he/she is unable to provide parental information.
2. A statement from a third--party professional on letterhead such as a school official (counselor, teacher) or community member (i.e. clergy, social worker, therapist) to support the appeal and further discusses or addresses why the student is unable to provide parental information.
3. A statement from a family member or friend to support the appeal and further discusses or addresses why the student is unable to provide parental information.

Renewal Documentation:

1. If you have been previously approved for a dependency override, please provide a statement regarding your current circumstances.

Certification: I hereby certify that all information reported on this form and any attachments hereto are true, complete, and accurate. Further, I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.

_____ _____
Student's Signature: **Date:**

OFFICE USE ONLY

☐ **Approved** ☐ **Denied for the reason stated below** ☐ **Determined Homeless by FAO** ☐ **Renewal**

Comment:

Decision Made by: _____ Date: _____