

PETITION FOR DEPENDENCY OVERRIDE

INSTRUCTIONS

Use this form only if you are required to report parent information but have a spec from obtaining the required information.	cial circumstance that prevents you
Complete the following information.	
Upload this completed and signed form using the Financial Aid Office Secure Document Upload Form at, <u>valenciacollege.edu/valenciafasubmit</u>	
lacksquare The Office of Financial Aid Services may ask for additional information.	
If you have questions about verification, visit our Virtual Financial Aid Services or schedule an app	pointment, valencia college. edu/finaid
SECTION I.	
STUDENT NAME VALENCIA C	COLLEGE ID (VID)
HOME PHONE (including area code) ATLAS EMAIL	
REQUIRED DOCUMENTS	
The following documentation must be attached to this form:	
1. Signed detailed letter explaining your unusual circumstances. Be sure to answer the follow	wing:
☐ Why are you unable to use your biological or adoptive parents' information on the F	FAFSA?
▶ Be sure to explain why for both your mother and father.	
☐ When is the last time you had contact with your parents?	
☐ Why do you no longer have contact with your parents?	
☐ Where have you been living and how are you supporting yourself?	
lacksquare Is there any legal documentation (guardianship/custody/police or court documents	s) related to your situation?
2. Submit proof of your circumstances. Submit two or more of the following items:	
☐ Signed notarized letters from third parties (non-relatives) who have direct knowled	dge of your situation.
AND/OR	
☐ Signed professional letters on letterhead from your teacher, counselor, medical aut	hority, Department of Children
and Families/government agency, member of the clergy (i.e., minister) or court. This such as guardianship or custody.	s can include legal documentation
All third party and professional letters must address why you have no contact w and their knowledge of the situation.	rith your biological or adoptive parents
All letters should be dated and include a description of their relationship to you and	d a telephone number where can be reached.
If you fail to attach the above items, no action will be taken on your request. Allow at least decision. You will be notified of the results by your Atlas email.	four weeks for the Financial Aid Committee's
SECTION II.	
I certify that the above information and the attachments provided are accurate rep I understand that providing false or deliberately misleading statements is a violatic prison sentence, fines, or both.	
STUDENT SIGNATURE	DATE
INTERNAL USE ONLY: Petition for Dependency Override would satisfy requirement: DEPOVR	