

Petition for Dependency Override

A. Student Information

Student Name:	7-digit NAU ID Number:
Phone:	NAU E-mail:

Section 479A of the Higher Education Act of 1965 permits a financial aid administrator to make dependency override on a case-by-case basis. The outcome of this petition is dependent on the nature of circumstance(s) and the documentation provided to support the petition. All documentation submitted is confidential.

Petitioning students are also required to complete the current year FAFSA (Free Application for Federal Student Aid) at studentaid.gov/fafsa. Submit this form along with the required documentation using OSFA's [secure document upload](#).

B. Petition Information

Please note the following does not warrant a dependency override:

- Reluctance to request income information from parent(s) or the unwillingness of parent(s) to pay or provide information
- Self-sufficiency
- Estrangement from your parent(s)

Examples of circumstances that can be petitioned may include but are not limited to:

- Refugees whose parent(s) are in another country,
- Inability to obtain parental information due to extenuating circumstances,
- Documented cases of abuse by parent(s) or legal guardian(s),
- Legally removed from the home of parent(s) or legal guardian(s)

C. Supporting Documentation Requirements

Attach Third Party statements from any of the following:

- Guidance counselor/Teacher or community program designated to assist displaced youth
- Doctor / Medical provider(s)
- Lawyer, Police or Court
- Clergy member
- Therapist or social worker

All documentation must be signed, dated and on professional letterhead, summarizing the extenuating circumstances and their knowledge concerning your relationship with your parent(s) or legal guardian(s). If a family member who is not your parent has raised you, submit an additional notarized affidavit from that family member.

D. Personal Statement

Your typed statement should describe your relationship with your parent(s) or legal guardians and include any extenuating circumstances surrounding the situation. Include the last date of contact and current location of your parent(s) or legal guardian(s). Include detailed information on how you support yourself and describe your current housing situation.

If you have an approved Dependency Override for a previous academic year – please check this box

E. Agreement and Understanding

By signing this form, I certify that all information reported on and submitted with this form is true and accurate to the best of my knowledge. If requested, I agree to provide proof of the information that I have reported on this form. If I purposely give false or misleading information, I may be fined, sentenced to jail, or both. I understand that incomplete forms will not be processed and will be shredded for security purposes.

Student Signature:

Typed, copied, or electronic signatures will not be accepted

Date: