Financial Aid

Student ID #: _____

1101 E University Ave, Fresno, CA 93741 | Phone: (559) 442-8245 | FAX: (559) 499-6024

2024-2025 DEPENDENCY OVERRIDE CONTINUATION

Student Name:

	Address:
Student's Demographics	
Student's Present Living Arrangements Parent's Information Other Parent's Information	Phone: E-mail:
	With whom do you currently live?
	How much do you pay in rent and utilities per month? \$
	When was the last time you had contact with your parent? (month/year)
	When did your parent last provide financial support for you? (month/year)
	How often do you have contact with your parent?
	When was the last time you had contact with your other parent? (month/year)
	When did your other parent last provide financial support for you? (month/year)
	How often do you have contact with your other parent?
	CERTIFICATION AND SIGNATURE
The student is still unablunderstands that if their site.	certifies that the information reported on their original Dependency Override Request has not changed to contact and is not receiving monetary or emotional support from their parents. The studed tuation changes in any way, if they move back in with or receive any kind of support from their parent is information to the Financial Aid Office.
heir dependency status, a give false or misleading	w understands that the information reported will be used to override federal regulations regarding and certifies that all of the information reported is complete and correct. Warning: If you purpose information, you may be fined, sent to prison, or both. Signatures must be provided in blur typed signatures will not be accepted.
Student Signature:	Date:
	THE FOLLOWING IS FOR OFFICE USE ONLY
The Fire are sign Aid Office	
i ne Financial Aid Office	has used Professional Judgement and determined that this student continues to be Independent. Remarks:
FAA Signature:	Date: