



OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

P.O. Box 1009 (27204-1009) • 629 Industrial Park Avenue • Asheboro, NC 27205
(336) 633-0200 • www.randolph.edu/fin_aid • Federal School Code - 005447

Creating Opportunities. Changing Lives.

2010-2011 Dependency Override Request

Eligibility for assistance is based on the assumption that students and their parents are primarily responsible for paying for one's education. If the directions on your financial aid application instruct you to provide parents' information, then for financial aid purposes, you are dependent on your parents.

In extreme hardship cases, the Office of Financial Aid and Veterans Affairs may be able to assist a student who is technically dependent, but who does not or cannot have contact with his/her parents. This will apply to situations where the student's physical or emotional welfare is jeopardized by contact with the parents. In such cases, the student must complete this form and provide written, notarized, documentation from a third party professional (e.g., minister, psychologist, social worker, etc.). Additional documentation may be requested if warranted by the situation.

Please note: Students will not be considered independent for financial aid purposes if the sole reason is that the student is attempting to prove self-sufficiency or the parent(s) refuse to provide financial information on the financial aid application.

Student Name: _____ RCC ID# or SSN: _____

Address: _____ Phone #: (____) _____
Street Apt.

City State Zip

Mother

Father

Name: _____

Address: _____
Street Apt. Street Apt.

City State Zip City State Zip

Phone: (____) _____ (____) _____

1. What are your present living arrangements? How long has this arrangement been going on?

-Please see the reverse side of this form-

7. **Supporting documentation must be attached.** The above information must be verified and documented in writing by a third party professional who is aware of your situation and who can corroborate the facts you present. The third party must not be a relative. Examples of such persons would include clergy, social workers or other social service personnel, court officials, teachers, counselors, and police officers. *Your request is NOT complete until you turn in this form to the Office of Financial Aid and Veterans Affairs with a written statement from an acceptable third party. If you have any questions as to acceptable documentation, please contact us.*

I certify that the information provided is accurate and agree to provide additional information if it is requested. I understand that this information may be used to override federal regulations regarding my dependency status. I understand that if I purposely give false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to \$20,000, sent to prison, or both.

I understand that if I move back in with my parents or receive any kind of support from them, I must report this to the Office of Financial Aid and Veterans Affairs immediately.

Student Signature

Date

For Office Use Only

_____ Dependency Override Approved
(circle appropriate criteria below)

_____ Dep. Override Denied

Adverse home environment
Support by adult relative
Incarcerated
Applicant supports parent(s)
Other; requires Director's approval

Reason?

Certification: I hereby use my professional judgment based on the information and documentation provided.

Director of Financial Aid

Date