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# Office of Financial Aid & Veterans Affairs

629 Industrial Park Avenue • Asheboro, NC 27205

336-633-0200 • www.randolph.edu

## 2021-2022 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 Student ID or SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.

Phone #: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 have you been living in these arrangements?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\*\*\*Please attach a separate piece of paper if necessary to provide additional information that you feel supports your request.\*\*\*

- 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.*

### Certifications and Signatures

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Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_ Print Student's Name

\_\_\_\_\_ Student's ID Number

\_\_\_\_\_ Student's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Spouse's Signature if married

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's signature if dependent

\_\_\_\_\_ 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.

\_\_\_\_\_ Authorized School Official

\_\_\_\_\_ Date