

## 2025-2026 Change in Dependency Status Request

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

The submission of parental information is a mandatory part of the Free Application for Federal Student Aid (FAFSA) for all dependent students. If you have experienced unusual circumstances that prevent you from providing this information, you may request the Financial Aid office to review your situation to determine if you qualify to be considered independent for financial aid purposes.

The Office of Financial Aid has the authority, through Section 480(d)(7) of the Higher Education Act, to change a student's dependency status on a case-by-case basis for students with unusual circumstances. Federal Regulations specifically prohibit schools from processing a dependency override for any of the following reasons:

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the application or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

If you have an unusual circumstance, do not have contact with your parent, or contact poses a risk, such as in the case of abuse, abandonment, or neglect, you may submit a Change in Dependency Status Request.

### Instructions:

1. Attach a signed-typed personal statement describing in detail your relationship with both of your parents (biological or adoptive) and the reason(s) why you are unable to provide their information on your FAFSA. Include the last time you had contact with each parent (i.e., when, where and the nature of the contact) and indicate with whom and where you have been living over the past year.
2. Attach legal documentation, if available.
3. Attach at least two (2) professional third-party statements.
4. All documents, as requested above will be submitted at one time through the student portal.

### Certification:

By signing this form, I certify that I am requesting to be considered independent for financial aid at Briar Cliff University and that I qualify for consideration based on a breakdown in my family structure as documented in this request. I certify that all information and documentation included with this request are accurate and a true representation of my situation. I acknowledge that I may be required to repay any financial assistance I receive if this request or documentation I provide is false or inaccurate. I understand that I must sign and return this form for my financial aid to be reviewed. Handwritten signature is required. Electronic, typed or font signatures are not accepted.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_