



2026-27 Dependency Override Request

STUDENT INFORMATION

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Student Name _____ AU Student ID _____
Address _____ Phone Number _____

This form cannot be completed in pencil. Please submit with ALL applicable documentation.

Dependency overrides are intended for students who can prove and fully document exceptional circumstances. This includes, but is not limited to, students who have no contact with their biological parents. **We cannot approve requests based solely because the parents are unwilling to pay for school, the parents do not claim the student as a tax exemption, or the student has chosen to live on his/her own.**

The purpose of this request is to assess an ability to administratively change your FAFSA data due to your unique circumstances and the documents submitted.

- Thorough documentation is required to explain and verify your situation. Incomplete documentation will cause delays. Additional documents may be requested after initial review.
- After verifying all submitted documents, multiple corrections may be administratively made to your FAFSA before a new offer letter can be generated. The Department of Education will notify you by email of any corrections made.
- This request is in effect for the 2026-2027 academic year and future academic years. Policies and procedures are subject to change as influenced by regulatory changes. If your situation no longer reflects this, you must notify the Financial Aid Office.

A Dependency Override review begins after the Office of Financial Aid receives all required documents. Once your request has been fully evaluated and any permissible FAFSA changes have been made, your financial aid eligibility is reassessed. You will be notified of the Dependency Override outcome. A new offer letter will be issued if the request is approved.

SECTION A: REQUIRED ITEMS

Print the student name and student ID number on all submitted documentation to assure proper identification.

1. Completed Dependency Override Request form
2. Completed Third Party Professional Documentation form
3. Official documents from a relevant agency to support your request, such as a police report

SECTION B: PARENT INFORMATION

	Parent 1	Parent 2
Name	_____	_____
Address	_____	_____
Phone	(____) _____ - _____	(____) _____ - _____
	☐ NO Information Available	☐ NO Information Available

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

Questions: Email: finaid@aurora.edu | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.

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SECTION C: CIRCUMSTANCES AND PERSONAL STATEMENT

When was the last time you lived with your parent(s)? Month/Year _____

When was the last time you had any contact with your parent(s)? Month/Year _____

When did your parent(s) last provide any form of financial support? Month/Year _____

Please attach additional sheets if space is needed for any of the questions below.

As clearly as possible, explain your present living arrangements.

How do you financially support yourself and your living expenses?

Please explain and provide documentation for your exceptional circumstance(s). Be sure to describe in detail the relationship between you and your parents.

SECTION D: CERTIFICATION

I certify that the information I have provided regarding my request is true, complete, and accurate to the best of my knowledge. **I understand this information can be used to override federal regulations and submit corrections to my FAFSA.** By signing this application I agree, if asked, to provide information that will verify the accuracy of my request. I understand that if I purposely give false or misleading information in connection with my application for federal student aid, I may be fined, sent to prison, or both.

I understand that if I move back with my parent(s) or receive any kind of parental support, I must report this to the Office of Financial Aid immediately.

Student Signature → **Must be drawn and not typed.** _____

Date _____



Third Party Professional Documentation For Dependency Override Request

This form is to be completed by a professional who is a non-family member and is familiar with the student's family situation (i.e. guidance counselor, teacher, social worker, clergy member, physician, lawyer, therapist, government agency employee). With the exception of the Counseling Services staff, no other AU staff members may complete this form.

THIS SECTION TO BE COMPLETED BY STUDENT:

Last Name First Name MI AU Student ID

I authorize you to provide the following information to Aurora University _____.
Student Signature → **Must be drawn and not typed.**

THIS SECTION TO BE COMPLETED BY PROFESSIONAL:

How long have you known the student? _____

What is your professional relationship with the student? _____

Please provide a brief statement regarding your knowledge of the student's family history/relationship with the parent(s).
If you need additional space, please attach a separate sheet.

Please print the following:

Name _____ Title _____

Business Address _____ Phone _____

Signature → **Must be drawn and not typed.** _____ Date _____

PLEASE RETURN TO:

FAC26TPP 09/15/2025

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