AURORA UNIVERSITY

2027–2028 Dependency Override Request

STUDENT INFORMATION

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 on the fact that your parents are unwilling to pay for school, your parents do not claim you as a tax exemption, or you have chosen to live on your own.**

The purpose of this request is to assess the 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 all submitted documents are verified, 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 2027–2028 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 your name and student ID number on all submitted documentation to ensure proper identification.

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

SECTION B: PARENT INFORMATION

Parent 1

Name _____

Address _____

Phone __( )__ - _____

☐ No Information Available

Parent 2

Name _____

Address _____

Phone __( )__ - _____

☐ No Information Available

STUDENT INFORMATION

Student Name _____ AU Student ID _____

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 pay your living expenses?

_____

_____

Please explain and provide documentation for your exceptional circumstances. 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 in with my parent(s) or receive any kind of parental support, I must report this to the Office of Financial Aid immediately.

_____ _____

Student Signature (This must be written by hand, not typed.) Date

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.

AURORA UNIVERSITY

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, or government agency employee). With the exception of the Counseling Services staff, no other AU staff members may complete this form. Please note that an AU Counseling Services staff member must have an established relationship with the student in question to fill out this form.

THIS SECTION TO BE COMPLETED BY STUDENT

_____ _____

Last Name First Name MI AU Student ID

I authorize the below to provide the following information to Aurora University.

_____

Student Signature (This must be written by hand, 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 (This must be written by hand, not typed.) Date

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