



Lassen Community College  
 Financial Aid Office  
 P.O. Box 3000  
 Susanville, CA 96130

## 2025-2026 Dependency Override Request

**PRINT ALL INFORMATION NEATLY IN BLUE OR BLACK INK ONLY.  
 DO NOT USE WHITEOUT.**

Dependency Status for purposes of receiving Federal Student Aid is determined by answers to questions on the Free Application for Federal Student Aid (FAFSA).

### SECTION A: STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID	Date of Birth
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### SECTION B: EXCEPTIONS

Exceptions **may be considered** only if you can document extraordinary and unusual circumstances. Situations and examples that might warrant a dependency override include:

- Human trafficking, as described in the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7101 et seq.);
- Legally granted refugee or asylum status;
- Parental abandonment or estrangement; or
- Student or parental incarceration.

Situations that **would not be considered** for a dependency override include:

- Your parents do not want to provide their information on your FAFSA.
- Your parents refuse to contribute to your college expenses.
- Your parents do not claim you as a dependent on their income taxes.
- Student demonstrates total self-sufficiency.

**Note:** *If you have provided parental information on your FAFSA you cannot submit this form.*

In unusual circumstances, financial aid administrators are given the authority, under Section 480(d)(1)(I) of the Higher Education Act, to determine that a student is independent: this is dependency override. The decision made is final and cannot be appealed to Federal Student Aid.

If you feel your circumstances meet the criteria for an exception for a dependency override please submit the required documentation to the Financial Aid Office.

### SECTION C: REQUIRED DOCUMENTATION

Provide a type written **detailed statement from you**, the student, as to why you are unable to provide parental information on your FAFSA.

- A **complete and signed FAFSA, or Student Aid Report (SAR)** if a FAFSA has been filed.
- Provide **documentation to verify your situation**. Gather as much written evidence of your situation as you can. Written evidence may include court or law enforcement documents, and must include at least one statement by a third party person with knowledge of your situation. The third person may include: counselors, teachers, clergy, community groups, government agencies, medical personnel or court administrators. Only in rare situations can the third party documentation be from a relative or friend.
- Verification Letter(s) should include and address the following:
  - Name, title, address, telephone number, date and signature on letterhead (if applicable).
  - What is your relationship to the student? How long have you known the student?
  - How familiar are you with the student’s relationship with their parents?
  - Do you know or have you met the student’s parents?
  - Do you believe contact between the student and parents would cause emotional or physical harm?
  - Please explain your specific knowledge of the student’s extreme circumstance that you believe qualifies the student for independent status consideration.

**SECTION D: PARENT INFORMATION**

Please provide your parent's name and contact information.

<b><u>FATHER:</u></b>				
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Phone Number</b>	
<b>Street Address (include apt #)</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b><u>MOTHER:</u></b>				
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Phone Number</b>	
<b>Street Address (include apt #)</b>		<b>City</b>	<b>State</b>	<b>Zip</b>

When did you last live with your parents? \_\_\_\_\_/\_\_\_\_\_(Month/Year)

Are your parents still supporting you? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, how much monthly support do you receive? \$\_\_\_\_\_

If no, when did they last provide support to you? \_\_\_\_\_/\_\_\_\_\_(Month/Year)

**SECTION E: FINANCIAL SUPPORT**

During the last 2 years (2023 and 2024) has anyone contributed to your financial support? (Paid your rent, provided you housing and/or food?) \_\_\_\_\_YES \_\_\_\_\_NO

If yes please explain:

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Were you claimed as a tax exemption in 2023? \_\_\_\_\_YES \_\_\_\_\_NO

Have you/will you be claimed as a tax exemption in 2023?

Name of the person who claimed you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**SECTION D: SIGNATURE CERTIFICATION**

I certify that all information reported is true and accurate. I understand that any false statements or misrepresentations may be cause for denial, reduction, withdrawal and/or repayment of financial aid and may be subject to fines and/or imprisonment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date