



Financial Aid Office  
Submit form:  
[Document Submission Portal](#) or by mail  
PO Box 2000, Cortland, NY 13045-0900

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## 2024-2025 Dependency Override Request

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Last Name	First Name	MI	C00 Cortland ID
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### New Request

1. Submit a letter explaining your request to be considered independent. Your letter must include the following:
  - a. Last date and nature of parent contact
  - b. Location of your parents
  - c. How you are supporting yourself
2. Provide **two** signed and dated letters from third-party individuals who have knowledge of your situation and can verify your circumstances (e.g., high school or college counselor, clergy, social agency official, court official, etc.)
3. Submit documentation of how you support yourself (e.g., current paycheck stub, tax return, etc.)
4. Submit additional supporting documentation, if applicable (e.g., police report, court documents, etc.)

### Renewal Request

Submit a detailed explanation of the unusual and extenuating circumstances that remain unchanged from the previous dependency override request.

### Statement of Certification

I certify that the information included is true and accurate to the best of my knowledge and is not falsely represented. I understand that the submission of this information does not release the student from any current or future obligations with the Student Accounts Office. I also understand that this request does not guarantee approval and/or may not result in a change to financial aid eligibility.

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Student Signature

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Date