



INDOVR

SUNY Potsdam  
FINANCIAL AID  
44 Pierrepont Avenue  
Potsdam, NY 13676  
Phone: (315) 267-2943  
[finaid@potsteam.edu](mailto:finaid@potsteam.edu)

### Dependency Override Request

Name: \_\_\_\_\_ Potsdam ID: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**This request is for attendance beginning:                      Fall / Spring of                      \_\_\_\_\_ (year).**

The Higher Education Act of 1992 defines which students may be considered independent of parental support for educational costs. These rules are explained in the [Free Application for Federal Student Aid {FAFSA}](#).

The following are situations that **are not** considered a justification for independence for federal aid purposes:

- Your parents do not want to provide their information on your FAFSA; or
- Your parents refuse to contribute to your college expenses; or
- You {the student} do not live with your parents; or
- You {the student} demonstrate total self-sufficiency.

If one of these four situations exists, they are **not sufficient** for an appeal and you cannot be considered an independent student. You and your parent *must* update the FAFSA to include parental information.

\_\_\_\_\_

**REASON FOR APPEAL:** Federal Regulations provide opportunity for the Financial Aid Administrator to consider exceptional circumstances that would allow a student to be given independent status for federal aid purposes.

**Exceptions are made only when acceptable and sufficient documentation of extenuating family circumstances exists.** Extenuating circumstances are generally defined by those circumstances that are outside the student's control.

**Some examples are:**

- An abusive home situation, which is detrimental to your physical or mental well-being
- Abandonment by both parents
- History of neglect due to parental alcohol or drug abuse

**Instructions for requesting an Appeal:**

If you have examined the examples of the extenuating circumstances and feel that you qualify to appeal for independence, you may submit the appeal to the SUNY Potsdam Financial Aid office. Please review the steps below and submit the necessary documentation:

- ✓ **Letter of appeal: Explain your situation by addressing the issues below and providing any other information to help describe your extenuating circumstances:**
  - Identify the location of each of your parents.
  - Describe the last time you had contact with each parent -when, where, and the nature of the contact.
  - Explain why you cannot obtain parental information.
  
- ✓ **Supporting letters:**
  - Provide statements from two adults familiar with your situation who can corroborate the facts you present.
    - Examples of such persons would include clergy, social workers or other social services personnel, court officials (or copies of court documents), teachers, high school counselors, or police officers.
  - ***At least one statement should be from someone who is not a relative or friend.***

**Note:** Any decision from the Financial Aid office applies only to SUNY Potsdam.

**Please submit to SUNY Potsdam One Stop the following required documents for your appeal:**

- A completed *Dependency Override Request*: Complete and sign this form
- Letter of explanation that describes your extenuating circumstances (attach your narrative)
- Letters of support (attached):
  - Letter #1:  
Name of individual: \_\_\_\_\_  
Job title or relationship: \_\_\_\_\_
  - Letter #2:  
Name of individual: \_\_\_\_\_  
Job title or relationship: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Warning:** If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to a \$20,000 fine, a prison sentence, or both.

**Form and documentation should be uploaded to our [secure file drop location](#).**