

The Department of Education allows Georgia Piedmont Technical College to update a student’s dependency status if they have extenuating circumstances. You must complete all sections of this worksheet, attach supporting documentation, and submit the entire packet to the Financial Aid Office to be considered for a dependency override. After reviewing your Free Application for Federal Student Aid (FAFSA) and this packet, additional information or documents may be requested to assist in our review.

A. Student Information

Last Name	First Name	Middle Initial	Student ID Number
Home Address		City/State/Zip Code	
Phone Number		Email Address	

Conditions that QUALIFY as an extenuating circumstance:

- Abandonment by your parents
- Abusive family environment
- Unable to locate your parents
- Death of parent

Conditions that DO NOT QUALIFY as an extenuating circumstance:

- Parents refuse to contribute to your education
- Parents are unwilling to provide information on the FAFSA or for verification
- Parents do not claim you as a dependent for income tax purposes
- You demonstrate total self-sufficiency

B. Household Information

Please answer the following questions:

Where did you live in 2018?
 on campus off campus with parent(s)

Where will you live in 2019?
 on campus off campus with parent(s)

Explain in detail the circumstance(s) that support your request for a Dependency Override. Also, include information regarding your relationship with both parents and their whereabouts. If you need more space, please attach a separate piece of paper with your full name and student ID number.

Describe how you have been supporting yourself.

Documentation from a third party is required to support your request. The source must be familiar with your circumstance (relatives or family members may **not** be considered). Examples include, but are not limited to:

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| • Attorneys | • Members of the Community |
| • Courts or Public Agencies | • Mental Health Professionals |
| • Death Certificate | • School Guidance Counselors |
| • Law Enforcement Officers | • Social Workers |
| • Medical Doctors | • Teachers/Professors |
| • Members of a Clergy | |

Documentation must either be on organizational letterhead or notarized and signed.

C. Certification and Signature

I certify that the information I provided is true, accurate, and is explained to the best of my knowledge. I have read each section and provided the appropriate supporting documentation. I realize that if I do not provide adequate supporting documentation, the Financial Aid Office will not process my request. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Print Name

Student ID Number

Student Signature

Date