

Student Name	ID #
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Please complete form in blue or black ink. Incomplete forms will not be accepted.

You were treated as an Independent Student on the FAFSA for 2023-24 and are requesting a continuance of that status. Please review the situations listed below and check the one that best describes your situation. If your circumstances are not described, please explain briefly.

Complete this form and submit it with your completed 2024-2025 FAFSA. The director will review your request and submit your signed FAFSA to the federal processor or contact you shortly.

Prior Reason for Dependency Override

- My custodial parent is deceased. Documents have been submitted.
- There was a breakdown in my family structure due to abuse.
- I have been self-supporting for more than two years and have demonstrated why I was unable to live at home with outside documentation from a counselor, social worker or doctor.
- I was declared an unaccompanied youth, homeless or at risk of being homeless last year.
- Other: _____

Reason for Dependency Override **Re-certification**

- My circumstances have not changed from my earlier request. I am currently living with:

- My circumstances have changed. (Please explain).

Please include a copy of your W-2 form(s) for 2022 and your federal income tax 1040 form for 2022.

I certify that all of the above information is complete and correct.

Student Signature	ID #
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FAFSA attached? ____ YES ____ NO

Approved by: _____ Date: _____

DEPOV
 Internal use **ONLY**
 Reviewed: _____
 Scanned: _____

RETURN FORM TO:

 Lake Superior State University Financial
 Aid Office
 650 West Easterday Avenue
 Sault Ste. Marie, MI 49783-1699
 Fax: 906-635-6669