

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 2025-26 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 2026-2027 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 2024 and your federal income tax 1040 form for 2024. 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: _____
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RETURN FORM TO: Lake Superior State University Financial Aid Office 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Fax: 906-635-6669
