



NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

DATE: \_\_\_\_\_

A Financial Aid Administrator may review a student’s dependency status for unusual circumstances. The following are NOT valid reasons for a dependency status change:

- Parent(s) refusal to contribute to the student’s education
- Parent(s) unwillingness to provide information on the FAFSA or for verification
- Student not claimed as dependent on parents’ tax return
- Student demonstrates total self-sufficiency

**DOCUMENTATION AND A LETTER FROM THE STUDENT EXPLAINING THE SITUATION MUST BE PROVIDED WITH THIS REQUEST.** Augusta University Financial Aid Staff will consider requests on a case-by-case basis which are unintentional, involuntary and uncontrollable breaks in the relationship between parent(s) and student. Preferred documentation examples are provided below.

Special Circumstances	Preferred Documentation (s)
<input type="checkbox"/> <b>Married since filing FAFSA</b>	<ul style="list-style-type: none"> <li>✓ Marriage certificate</li> <li>✓ Spouse’s 2022 Federal Income Tax Transcript or Income Tax Return</li> </ul>
<input type="checkbox"/> <b>Family situation is dysfunctional: may result from physical/emotional abuse or addiction.</b>	<ul style="list-style-type: none"> <li>✓ Official letter from counseling professional, social agency, school official, teacher, clergy, or doctor, explaining the situation</li> <li>✓ Police reports</li> <li>✓ Court reports</li> </ul>
<input type="checkbox"/> <b>Death of Custodial Parent</b>	<ul style="list-style-type: none"> <li>✓ Death certificate or obituary notice</li> <li>✓ Third party letter (not a relative) which indicates the student has no contact or financial support from other living parent.</li> <li>✓ Signed attorney statement with details of noncustodial parent</li> </ul>

**Documentation can be submitted by fax (706-737-1777), email ([osfa@augusta.edu](mailto:osfa@augusta.edu)), or in person. Include the student’s name and student ID # on all documents.**

**I certify that all information provided is true and complete to the best of my knowledge. Incomplete requests will be denied. Students will be notified via Augusta University Email of the results of this request.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_