

# Dependency Override Form

## 2025-2026

Financial Aid Office  
7390 S. 6<sup>th</sup> Street  
Klamath Falls, OR 97603  
(541) 882-3521  
www.klamathcc.edu

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Current Address		_____ Social Security Number
_____ City	_____ State	_____ Zip
_____ Phone Number (Daytime)	_____ E-Mail Address	

To receive a dependency override and be awarded Federal Financial Aid without parental information, you must answer all questions and provide appropriate documentation to substantiate your mitigating circumstances.

Please be advised that unless it is determined that there are mitigating circumstances beyond your control that make it impossible or unreasonable for you to provide parental information on your financial aid application, your appeal will not be approved. The following are NOT acceptable reasons to appeal:

- A student or parent choice that you live outside the parental home
- Parent's unwillingness to provide information or student's unwillingness to seek parental information
- Being financially self-supporting

**1. Explain why it is impossible or unreasonable to obtain your parents' information. If you no longer have contact with your parents, explain your situation. (If necessary, you may attach a separate sheet of paper.)**

_____
_____
_____
_____
_____
_____
_____

**Please Complete the Reverse Side**

**2. Describe how you have been self-supporting:**

**(Please attach another page)**

- a. When did you first meet your living expenses without parental help?
- b. How have you provided for yourself?
- c. List ALL income and resources for 2023. You may be asked to provide documentation of all income: a copy of 2023 federal tax return; W-2 forms; employer statement; agency benefit verification; state child support agency verification documents, or other documentation as appropriate.

**3. When did you last live with either parent?**

**4. Please provide the following parental information:**

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**5. Attach a statement from a responsible adult who is aware of your situation and can verify the facts you present. Examples of such persons would include clergy, caseworkers, sponsors, guardians, court officials, teachers, counselors, or police officers. A STATEMENT FROM A RELATIVE IS GENERALLY NOT ACCEPTABLE.**

**6. I certify the information provided on this appeal is true and correct. *APPEALS SUBMITTED WITHOUT DOCUMENTATION WILL NOT BE CONSIDERED.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Financial Aid Office Use Only**

☐

Accepted per Professional Judgment

☐

Denied

☐

Application/SAR Coded

\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Date