



Apply as an Independent Student (Dependency Override)

First and Last Name: ctLink Student ID Number:

Use this form to request that you complete the Free Application for Federal Student Aid (FAFSA) without parent information. To qualify for a dependency override, you must be unable to contact your parents or contact with your parents poses a risk to your health or well-being. Examples include:

- Human Trafficking, as described in the Trafficking Victims Protection Act of 2000
- Legally granted refugee or asylum status
- Parental abandonment or estrangement
- Student or parent incarceration

You do not qualify for a dependency override for the following situations:

- Parents refuse to contribute to your education
- Parents refuse to provide information for the FAFSA or Verification process
- Parents do not claim you on their taxes
- You are self-sufficient and do not rely on your parents for support

If you believe you qualify for a dependency override, please complete the information below:

Section One: Describe Your Circumstances

Write a detailed letter describing your circumstances and relationship with both your parents. Your letter may include:

- Why you do not have or cannot have contact with your parents
- A description of any legal situations that help to explain your circumstances
- A description of any agencies or organizations that have assisted you
- Any other information that may help us to understand your situation so that we can decide if you qualify for a dependency override

Your letter must be signed (actual signature – not typed name) and dated.

Section Two: Third-Party Documentation

You must provide documentation of your circumstances from a third-party agency, school, or organization. Include your name and ctLink ID number on all pages. Documentation may include:

- A letter from a school counselor, church official, or official from an organization
- Legal documents, such as a court order, official federal or state documentation, or court-appointed special advocate
- A letter from a health care provider, including mental health care providers
- A letter from a representative of a TRIO or GEAR UP program, who confirms your circumstances and describes their relationship with you

All letters must be on official letterhead, signed and dated.

Section Three: Other Documentation

Letters from family members or family friends do not usually meet the requirements to approve a dependency override. However, please include them if it helps to explain your circumstances. Include your name and ctLink ID number on all pages. Letters from family and friends must include:

- A signature (actual signature – not a typed name) and date
- A description of the person’s relationship with you
- Include your name and ctLink ID number on all letters and documents

Section Four: Certification

I certify that the information and documentation included with this request is true and accurate.

Student Signature: Date:

Download this form, sign, and submit this form and other required documentation online using this link: [Financial Aid Document Submission](#). Include your name and ctLink ID number on all pages