

## LSU SHREVEPORT DEPENDENCY OVERRIDE REQUEST 2024-2025

Federal regulations require dependent students to provide parental information and signatures on the Free Application for Federal Student Aid (FAFSA). However, The Higher Education Act allows aid administrators to make dependency overrides on a **case-by-case** basis for students with unusual circumstances. Unusual circumstances include abandonment by parents, an abusive family environment that threatens the student's health or safety, or the student being unable to locate his/her parents. **However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:**

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information on the FAFSA or for verification
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency

In order to be considered for a dependency override, the following documents must be provided:

1. Complete the attached "applicant" form.
2. Attach a typed, signed letter explaining your unusual circumstance.
3. Have references complete the attached "reference" forms and return them to the Financial Aid Office. Three separate references are required. References may be submitted from each of the following persons who **knows your situation well**. **Only one reference can be a close relative.**
  - Close relative
  - High School/College Teacher or Professor, Counselor or Principal
  - Tax Accountant and/or attorney
  - Person(s) with whom you reside
  - Director of boys' ranches, children's home, girls' towns, or similar institutions
  - Pastor or clergy person
4. Submit **signed** Tax Return for 2022 if you filed.
5. Submit additional documents when applicable. Below are examples of suggested documentation:
  - Tax Return of the person who claimed you for 2022
  - Death certificate of parent(s)
  - Police/Social Worker reports documenting domestic violence, disputes or hostile living environment
  - Court documents
  - Student Birth Certificate
  - Signed statement by a women's or family shelter
  - Signed statement by a physician/therapist documenting abuse
  - Documentation of person responsible for student (who signed for report cards, health/vehicle insurance coverage, etc.)
6. Complete the FAFSA for 2024-2025. When completing the FAFSA do not include any parental information. If your request for a dependency override is not approved, you will need to reopen your application and furnish parental information as required by financial aid regulations. If your request for a dependency override is approved, corrections to your application will be completed by the Financial Aid Office.

After you have provided these documents and completed the FAFSA, your request for a change in dependency status will be considered. You will receive written notification of the dependency override decision. Please be aware that a dependency override granted by LSUS is not binding at another school. If you are granted a dependency override at LSUS, another school may require you to document your situation again and may or may not approve your request. Also, LSUS will not accept a dependency override approved by another school.

Dependency overrides do not carry over from one year to the next; the Financial Aid Office must reaffirm each year that the unusual circumstances persist and that an override is still justified.



## LSU SHREVEPORT DEPENDENCY OVERRIDE REQUEST 2024-2025 APPLICANT STATEMENT

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(City) (State) (Zip)

### PARENT(S)/GUARDIAN INFORMATION

Is Your Biological MOTHER Deceased?

Yes  No  Don't Know

Is Your Biological FATHER Deceased?

Yes  No  Don't Know

Parent Name: \_\_\_\_\_ Phone \_\_\_\_\_  
(Full Name) (Relationship)

Mailing Address: \_\_\_\_\_  
(Street address, P.O. Box, Rural Route, Etc.) (City) (State) (Zip) (County)

Parent Name: \_\_\_\_\_ Phone \_\_\_\_\_  
(Full Name) (Relationship)

Mailing Address: \_\_\_\_\_  
(Street address, P.O. Box, Rural Route, Etc.) (City) (State) (Zip) (County)

When was the last time you lived with your Mother? \_\_\_\_\_ With your Father? \_\_\_\_\_  
(month and year) (month and year)

When was the last time you had contact with your Mother? \_\_\_\_\_ With your Father? \_\_\_\_\_  
(month and year) (month and year)

When did your Mother financially last provide for you? \_\_\_\_\_ Your Father? \_\_\_\_\_  
(month and year) (month and year)

What is your present living arrangement?

(Who do you live with? How much do you pay each month for rent? When did this arrangement begin?)

\_\_\_\_\_  
\_\_\_\_\_

How do you support yourself and meet your current living expenses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are your parents no longer able to support you? Explain in detail the circumstances involving your parents' inability or unwillingness to support you. Attach a separate sheet of paper if necessary to provide additional information that you feel support your request to be considered as an independent student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided on this form is true and complete to the best of my knowledge. I agree to submit proof of the information, if asked by the Financial Aid Office. If I do not provide proof when asked, my dependency override request will not be considered. **I understand that any adjustment made may or may not result in additional financial aid depending on the effect of the change.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LSU SHREVEPORT DEPENDENCY OVERRIDE REQUEST 2024-2025  
 REFERENCE STATEMENT**

Student’s Name \_\_\_\_\_ Student ID# \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_

2. Are you related to the applicant? \_\_\_\_\_ If so, how? \_\_\_\_\_

3. With whom does the applicant reside? \_\_\_\_\_

4. Please explain briefly what you know to be the applicant’s relationship with his/her parents. If you need additional space, please use the back of this form.

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I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Reference (please print) \_\_\_\_\_

Title/Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Best Time to be reached at Telephone Number \_\_\_\_\_



LSU SHREVEPORT DEPENDENCY OVERRIDE REQUEST 2024-2025  
REFERENCE STATEMENT

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Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

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Name of Reference (please print) \_\_\_\_\_  
Title/Relationship to Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Best Time to be reached at Telephone Number \_\_\_\_\_