

2025 - 2026 Dependency Override Request

SECTION A: STUDENT INFORMATION

Student Last Name

Student First Name

UOG ID Number

Primary Contact Number

Secondary Contact Number

Last 4 digits of Social Security

SECTION B: INDEPENDENT STUDENT

Federal Regulation (Public Law 102-325, Sec. 480(d)) require that the Financial Aid Office consider parent information and expect parent contribution for students. You are considered an independent student for financial aid purpose if you meet any **ONE** of the following criteria at the time you first completed and signed your 2025 –2026 FAFSA.

- You were born before January 01, 2002.
- Both of your biological or adoptive parents are deceased.
- You are married.
- You are a veteran or active duty in the U.S. Armed Forces.
- You were admitted to a master's or doctorate program for the 2025-2026 academic year.
- You have a child or children for whom you provide more than 50% financial support to.
- You have legal dependent other than children who live with you and for whom you provide more than 50% financial support to.
- You were a ward of the court or in foster care at any time from age 13 or older. (Incarceration in a youth detention center or group home does not meet this requirement.)
- You are or were in a court-appointed legal guardianship until you reach the age of 18.
- You were declared by a court in your state of residence to be an emancipated minor.
- You were determined to be homeless or unaccompanied youth or at risk of becoming homeless on or after July 01, 2024, by a school district homeless liaison, a director of an emergency shelter, or transitional housing program funded by the U.S. Department of Housing and Urban Development, or a director of a runaway or homeless youth basic center or transitional living program.

If you meet any one of the above criteria, you **DO NOT** need to complete this form. However, the Financial

If you meet one of the above criteria and you were not determined to be independent on your Student Aid Report (SAR), please check your FAFSA information to make sure it is current.

Return completed form with the **original signature** via mail or in-person (must show photo ID if bringing in-person).

WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both

Mailing Address: 303 University Drive Mangilao, Guam
96923-9000 Contact: 671– 588-1484/5 or 735-2287/8

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Reason for Appeal

Many students feel they should be considered independent because they currently live on their own, they support themselves, their families cannot afford to help them with college expenses, their parents do not claim them on their income tax, or their parents are unwilling to complete the FAFSA. However, **these alone are not adequate for reasons for dependency override**. A dependency override will only be granted if there are **verifiable extenuating circumstances** that prevent a student from having contact with his/her parents.

Some examples for extreme, unusual circumstances:

- Abusive family environment (physical, mental, sexual abuse, or other forms of domestic violence).
- Abandonment by Parents (usually in cases of one or more years).
- Incarceration or institutionalization (mental and/or physical illness) of both parents.
- Incarceration of the only custodial parent
- Parents whereabouts unknown or parents cannot be located.
- An unsuitable household (child removed from household and placed in foster care).
- Other extenuating circumstances that can be sufficiently documented.
- History of neglect due to parental alcohol or drug abuse
- Death of a parent after filing the FAFSA and the surviving parent meets one of the conditions of 'Abandonment' by parent, abusive family environment, or history of neglect due to parental alcohol or drug abuse.

Please note that the federal guideline regarding dependency overrides clearly indicate that the following situations DO NOT qualify as extenuating circumstances and therefore would not result in a dependency override:

- Parent(s) refusing to contribute to the student's education
- Parent(s) are unwilling to provide information on the FAFSA or for verification
- Parent(s) not claiming students as dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Student does not live with their parent(s)

I have read and understood *Section B* and the *Reason for Appeal* outlined in the forms.

Student Signature

Date

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SECTION C: INSTRUCTIONS

Please follow the steps below to be considered for Dependency Override. Your application will not be reviewed unless **ALL** requirements are met.

1. Complete the certification on this form.
2. Attach a typed personal statement that summarizes the unusual circumstances with your name, Student ID number, date, and signature. Your statement should include the following information: (1) last date and nature of parent contact and (2) location of parents (3) how you have supported yourself. Also explain your current living arrangement and means of financial support.
3. Attach three (3) certified personal statements by professional third parties. Professional third parties can include clergy, counselor, teacher, lawyer, etc. **A personal acquaintance or family member is NOT considered professional third-party reference**
4. Attach a **notarized statement** from you explaining your request for a dependency override, including detailed information on the whereabouts of **BOTH** your parents AND the status of your relationship with them, as well as any unusual circumstances you want to be considered.
5. Attach copies of any relevant supporting documents (e.g., court documents, legal documents, or police reports).
6. Completed Free Application for Federal Student Aid online if not already submitted.
7. **Return all documents to the Financial Aid Office**

SECTION D: CERTIFICATION AND SIGNATURES

FEDERAL WARNING: Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to \$10,000 or imprisonment of up to five years or both under provision of the U.S. Code.

I declare under penalty of perjury that all information reported on this form and all information reported on the 2025-2026 Free Application for Federal Student Aid (FAFSA) which will be used to qualify for state and federal aid is true, complete, and accurate.

I am requesting for a Dependency Override at the University of Guam. I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment, or neglect. I request to be considered as an independent student for financial aid purposes and have attached required documentation to this form. I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

I have read and understood Section C and D. In compliance with federal regulations, the UOG Financial Aid Office reserves the right to request additional information to clarify conflicting application data.

Student Signature

Date

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**Date of Birth**[illegible]

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NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT FOR STUDENT DEPENDENCY OVERRIDE STATEMENT

Student Last Name

Student First Name

Date of Birth

STUDENT DEPENDENCY OVERRIDE STATEMENT (continued)

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I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not accepted.

Student Signature

Date

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport.

State of _____

City/Country of _____

On _____, before me, _____,

personally appeared, _____, and proved to me on the basis of satisfactory evi-

dence of identification _____ to be the above-named person who signed the

foregoing instrument.

WITNESS my hand and official seal _____ My commission expires on _____.

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Dependency Override: Personal Statement by a Professional Third

Student Last Name

Student First Name

UOG ID Number

PROFESSIONAL STATEMENT BY THIRD PARTY

Third Party Last Name

Third Party First Name

Primary Contact Number

How long have you known the student?

What is your relationship to the student?

With whom does the student reside?

Please explain the student's relationship with his/her biological parent(s). You may attach a separate letter for additional space.

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not accepted.

Student Signature

Date

Third Party Signature

Date

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Third Party First Name

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Date

Third Party Signature

Date

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