

2024 - 2025 Dependency Override Renewal

 Student Name ctclink Student ID #

I confirm that my situation as specified in my Independency Petition for the _____ academic year remains unchanged and that the information I submitted accurately reflects my present situation. I request that I be granted a waiver from the Federal regulation requiring parental information on the Free Application for Federal Student Aid (FAFSA) again for the 2024-2025 academic year.

I understand that my independency renewal request cannot be processed until I have met with, or have been contacted by, a Financial Aid Administrator to verify that my status remains unchanged.

My daytime contact number is: _____.

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that false or misleading information may be cause for denial, termination, and/or repayment of financial aid funds.

*I understand that submitting this form electronically as an email attachment **using my SVC email account** constitutes my signature and my certification that the information provided herein is complete and correct.*

Once completed, this form may be submitted via your mySVC email account, to financial.aid@skagit.edu. Note: this email address is for document submission only.

 Signature Date

FOR OFFICE USE ONLY	
FA Administrator Decision: <input type="checkbox"/> Circumstances have changed since the original petition was filed. Student is now dependent. Parent data is required. <input type="checkbox"/> Student remains independent based on professional judgement. Override submitted via CPS.	
_____ Financial Aid Staff	_____ Date

Rev. June 2024

SVC FINANCIAL AID OFFICE USE ONLY		
ESK083	<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> Pending	INITIALS & DATE: