

**Application for  
Dependency Override  
2025 - 2026**



**Office of Financial Aid - SUNY ESF  
1 Forestry Drive Syracuse, NY 13210  
315-470-6670; 315-470-4734 (Fax)  
E-mail: [finaid@esf.edu](mailto:finaid@esf.edu) (no documents)**

There are instances where a student does not meet the outlined criteria to be considered an independent student for Federal Financial Aid purposes but may have other circumstances that prevent them from obtaining the required parent information. These extenuating circumstances can be considered by the Financial Aid Office on a case-by-case basis with appropriate documentation. To pursue a dependency override review, complete this form and return it to the Financial Aid Office along with the required supporting documentation. Documentation may be submitted using postal mail or fax with the contact information above, or through the student's account on the secure Self-Service Portal at <https://banner.esf.edu/StudentSelfService/ssb/financialAid>.

Student Last Name

Student First Name

Student  
MI

Student ID –  
F#####

1. Check the box that best describes your situation:

- ☐ Abusive home situation which is detrimental to your physical or mental well-being
- ☐ Abandonment by both parents
- ☐ History of parental drug or alcohol abuse
- ☐ Incarceration of the custodial parent and inability to obtain other parent's information ☐

Other extenuating circumstance not described above

2. Submit all the following documentation to support the circumstance above:

- ☐ A written, signed statement from the student that explains how and when the circumstances began. Please provide as many details as possible as this statement will be used as the basis for the application.
- ☐ A signed statement from a professional who has knowledge of the student's circumstances. This statement must be on letterhead and include the professional's title. Examples of a professional include but are not limited to: school guidance counselor, mental health professional, clergy member, medical doctor, attorney, etc.
- ☐ Provide additional piece(s) of supporting documentation including legal documents, police reports, statements from other family members, etc. Any statement from a family member or 3<sup>rd</sup> party must be notarized.

3. Attestation: The information included in this application is true and complete to the best of my knowledge. I understand that submission of this application does not guarantee a specific, desired outcome.

Student Signature

Date