



Student name printed

COCC ID number

Many students feel they are independent because they are currently living on their own and/or because their parent(s) no longer contribute to their support. **However, the Department of Education requires parent information except under the following conditions:**

- You are 24 years of age or older – born before January 1, 1999 or
- You are a documented orphan or ward of the court or
- You are a veteran of the Armed Forces of the United States or
- You are an active member of the United States Armed Forces or currently serving on active duty for purposes other than training or
- You are working on a Master’s or Doctorate program during the academic year 2022-23 or
- You are married on the day the FAFSA® is initially completed or
- You have legal dependents other than a spouse or
- You are someone for whom a financial aid administrator makes a documented determination of independence by reason of extenuating family circumstances

The Department of Education issued guidelines to clarify conditions under which financial aid administrators may appropriately consider dependency overrides. They do not include:

- Parents refusing to contribute to student’s education.
- Parents unwilling to provide information on the application or for verification.
- Parents not claiming the students as a dependent for income tax purposes.
- You demonstrated total self-sufficiency.

TO BE CONSIDERED FOR A REVIEW

1. Read Section I carefully and collect appropriate documentation.
2. Complete Sections II and III. **If none of the circumstances in Section I apply to your situation, do not complete this form.**
3. Complete the certification statement below.
4. Submit the FAFSA® with all the student information completed.
5. Return the required information and documentation to the Financial Aid Office. You will receive a written response within fifteen business days of the outcome of your appeal.

Certification Statement:

All of the information provided by me for this appeal, is true and complete to the best of my knowledge. If requested, I agree to provide documentation for any information I have submitted. I understand that purposely giving false or misleading information may subject me to fines, penalties, and/or termination of financial aid.

Signature

Date

Financial Aid Office

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