

2025-2026 UNUSUAL CIRCUMSTANCES DEPENDENCY OVERRIDE CONFIRMATION FORM

Student Name: _____ University ID# _____

Section 480(d) of the Higher Education Act (HEA), defines an independent student as someone who meets one of the eligible criteria reflected on the Free Application for Federal Student Aid (FAFSA) or is a student for whom a financial aid administrator makes a documented determination of independence.

The Higher Education Act allows an aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. **NONE** of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override. Students in these categories must provide parental information on the FAFSA:

1. Parents refuse to contribute to the student's education;
2. Parents are unwilling to provide information on the FAFSA or for verification;
3. Parents do not claim the student as a dependent for income tax purpose;
4. Parents do not approve of the student's lifestyle;
5. Student does not approve of a parent's household rules, restrictions;
6. Student demonstrates total self-sufficiency;
7. Parents gave custody of the student to a friend/relative to allow the student to move to another state/country, attend a better school, etc. and the student still has contact with the parent(s).

During the previous academic year, University of Maryland (UMD) approved your Dependency Override request based on supporting documents you provided. You will need to confirm your unusual circumstances still exist and your are unable to provide parental information on your FAFSA. Please check the statement that apply to your current circumstance:

_____. I still have unusual circumstances and I am unable to provide parental information

_____. My unusual circumstances have changed and I am now able to provide parental information on the FAFSA. I have updated my FAFSA

By signing this statement, I certify that all information submitted is true and correct to the best of my knowledge. Misrepresentation of information may result in requirement to repay federal and state aid I may receive.

Student Signature: _____ Date: _____

Please send your completed and signed form to **UMDFinAid@UMD.EDU** with subject line **Dependency Override Confirmation Form**