

2023 - 2024 Dependency Override Form

Name:	W&M Student ID #:
estrangement o	e used to request a review of extenuating circumstances regarding your dependent status. Examples of or dysfunction include, but are not limited to abuse, abandonment, drug abuse, and parent incarceration. ing circumstances must be documented by an objective third party to qualify.
	ving examples will not make you independent:
1) Parents 2) Parents	refuse to financially contribute to the student's education refuse to fill out information necessary to complete the FAFSA do not claim the student as a dependent for income tax purposes
	demonstrates total self-sufficiency
The follo	Required Documentation wing items are required to be submitted before consideration will be made to review the appeal.
Complete yo	our 2023 - 2024 FAFSA at www.studentaid.gov Do not submit this form until your FAFSA has been submitted.
parents. You	bed and signed letter detailing the special circumstances that make you independent from your a must describe your current relationship (even if it is non-existent) with your parents. The letter must following details:
• Provide	ture of your relationship with your parents ethe date and place of your last known address ou have been supporting yourself
situation furt	signed statements from professionals (teacher, counselor, clergy, social worker) familiar with the ther outlining and verifying/substantiating the reasons for your independent status request. The must include address and telephone numbers and must be on letterhead.
	Return Transcripts (https://www.irs.gov/individuals/get-transcript or a signed copy of your 2021 Return, and all 2021 wage documentation (W2's 1099's all Schedules, K-1's, etc)
Complete the	e W&M 2023 - 2024 Independent Student Verification Worksheet
• 10 • 10 th • 10	d Certification certify that all of the information provided on this form is true and accurate to the best of my knowledge. understand that if I reestablish a viable relationship with my parents, included but not limited to living with nem or accepting their support, I must notify the Financial Aid Office immediately. understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or oth.
Student Signat	ture: Date:
	*Signature must be handwritten. Computer fonts are not acceptable.

Use one of the following methods to return this form:

Online Upload (preferred): https://www.wm.edu/financialaid/box

Fax: 757-221-2515

To protect your data, we do not accept documents via e-mail attachment

Mail: Office of Student Financial Aid William & Mary P.O. Box 8795 Williamsburg, VA 23187-8795 Office of Student Financial Aid William & Mary Blow Memorial Hall, Room 124 262 Richmond Road Williamsburg, VA 23185