## UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships 1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126



## 2022-2023 Dependency Override Request

Section A -	Student Informati	on (Please pi	rint clearly)			
Last Name	First	Name	M.I.		Email	
2. Please submit	uld do: entire worksheet. You all documents at the s N on every page of 8 ?	ame time.	-	nd the form must	be <u>SIGNED</u> .	
independent for fit federal regulations ability to support to	nancial aid purposes, y s, a parent's unwillingn	you must submit less to provide th do not solely con	a letter explainin neir financial dat estitute grounds	ng in detail the rea a, a student's livin for a student to be	mic year and you feel you are ason(s). Please note that per ag arrangement, or the student's e considered independentby-case basis.	
	Dependency Ove					
Check below the	most relevant to you	ır situation and	attach the app	ropriate docume	ntation:	
A. F B. 7 C. A D. A	oolice) verifying your si	letter explaining n agency letterhead letter	ead) from profes apers, police re in the appeal. u and your landl	esionals (i.e. high soorts, documentate ord showing your		
☐ All other	circumstances. Pleas	e submit all item	s listed above.			
Section C -	Student Signatur	e				
1.	eturn this form to Stud Clearly print UIN or Include all appropri	every page of			ting documentation:	
I certify that the in	formation provided on	this form and its	attachments are	e true and correct		
Student Signature		Dat	Date			
ENTER YOUR	R 9-DIGIT UIN					
2223	INPJ-O N					