

**Unusual Circumstance Appeal**

- 1. Dependency Override Request
- 2. Non Parental Support



Office of Scholarships and Financial Aid  
 Dept.3335  
 Laramie, WY 82071  
 Phone (307) 766-2116  
 Fax: (307) 766-3800

Name: \_\_\_\_\_  
 (Student's First and Last Name)

ID: \_\_\_\_\_  
 (Student's W#)

- If you completed the Free Application for Federal Student Aid (FAFSA) and did not report your parent's information because of unusual circumstances go to section 1.
- If your parent refuses to provide their information on the FAFSA go to section 2.

**Section 1. Request for a Dependency Override**

Select the option that most accurately reflects your circumstances:

- I have an unusual family situation, making it difficult to obtain my parents' information. Examples include, but are not limited to: abusive family environment, abandonment, incarceration or institutionalization of both parents, parents lacking the physical or mental capacity to raise a child, parents cannot be located, etc.
- My request to be independent of my parents for financial aid purposes was approved last year and my family situation has not changed. Supporting documents not required, but we may follow-up with you.

\*To complete a Dependency override appeal, please submit the following items along with this form:

- ✓ A written statement describing your special circumstance(s), including the relationship with both biological parents, or adoptive parents; signed and dated.
- ✓ Two separate letters from and independent 3rd party source (i.e. counselors, teachers, physician, clergy member) who have knowledge of your circumstances. Letters can be on official letterhead or notarized.

*\*\*Please note that if you are unable to obtain a letter from an independent source, please provide a reason for its unavailability in your appeal letter. In such cases, we recommend that you contact our office for further assistance: [finaidappeal@uwyo.edu](mailto:finaidappeal@uwyo.edu).*

**Section 2. Parent Refusal to Support Appeal**

My parent(s) have chosen not to provide their information needed to complete the FAFSA, OR my parents do not and will not provide any financial support for me.

**PARENT REFUSAL CERTIFICATION**

I understand that by refusing to provide information on the FAFSA, my child will not be considered for certain financial aid programs, such as Federal Pell Grant, state grants, work-study, or Federal Direct Subsidized Loans. I understand that my child will only be eligible for a Federal Direct Unsubsidized Loan, which may not cover all of the educational expenses. However I acknowledge the option to make a correction and to provide financial information later, without being obligated to borrow loans or pay tuition. I certify that I have either ended all financial support or am unwilling to provide my parent information for completion of my child's application as of : \_\_\_\_\_.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**3. By signing this form, I certify that all the information provided is complete and accurate.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

Electronic and typed signatures are not acceptable.

Please submit your form by mail or online at [uwyo.edu/sfa/forms/upload.html](http://uwyo.edu/sfa/forms/upload.html)  
 1000 E. University Ave; Dept. 3335 • Laramie, WY 82071 • Fax (307)766-3800 • Phone # (307)766-2116  
 Email: [finaidappeal@uwyo.edu](mailto:finaidappeal@uwyo.edu)

UWYO OSFA Office Use Only:

RRAAREQ= DEPAPL (dependency appeal)  
 RRAAREQ= NOSUPP (no parent support)

Date:

Received by:

Processed By:

Aid Year: