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Last Name	First Name	M.I.	Student ID
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Street Address	City	State	Zip	Phone Number
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This petition should be completed only if you are currently considered a dependent student on the FAFSA. If through extenuating circumstances, you feel that you should be considered independent, you may submit this form to request a dependency override. Please read and complete this form carefully, following steps 1-3, and **return it with appropriate documentation** to Student Financial Services.

**Circumstances that, alone, do NOT warrant a dependency override:**

- Parent refusal to contribute to educational costs
- Parent unwillingness to provide information on the FAFSA or for verification
- Parent(s) do not claim the student as a dependent for federal income tax purposes
- Student demonstration of total self-sufficiency

**Instructions:**

1. Write a personal statement addressing the following items. Attach appropriate documentation to support your statements.
  - Identify the location of both parents and the last time you had contact with each parent.
  - Explain what circumstances make you independent from your parents and when you became independent.
  - Describe how you have provided for yourself and when you started meeting your own expenses without parental support.
2. Two reference letters from individuals who can confirm the circumstances supporting your request. At least one should be from a professional source, i.e. counselor, clergy, employer.
  - At least one letter must be from someone who is not a relative or friend.
  - All letters must include a telephone number and address where the individual can be reached for follow-up questions.
3. If you have not already submitted your 2026-2027 financial aid application (FAFSA), you must complete all student sections of the FAFSA. If your petition is approved, a financial aid administrator will update your FAFSA accordingly.

**Please answer the following questions:**

1. Do either of your parents claim you on their Federal Tax Return?  
 yes     no
2. Do either of your parents provide your health insurance?  
 yes     no

**Student's Statement:**

All information provided in my petition for dependency override is true and correct. I understand that the decision made based on this petition only affects my application for aid at the University of Redlands. I understand that if it is discovered that I have provided false and/or misleading information to receive federal financial aid funds, I will be required to repay any funds paid to me as a result of approval of this petition. I understand that if my appeal is approved, **I must submit a statement each year confirming that the documented adverse family circumstances still exist.**

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Student Signature

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Date