



Student name printed

COCC ID number

Many students feel they are independent because they are currently living on their own and/or because their parent(s) no longer contribute to their support. **However, the Department of Education requires parent information except under the following conditions:**

- You are 24 years of age or older – born before January 1, 1998 or
- You are a documented orphan or ward of the court or
- You are a veteran of the Armed Forces of the United States or
- You are an active member of the United States Armed Forces or currently serving on active duty for purposes other than training or
- You are working on a Master’s or Doctorate program during the academic year 2021-22 or
- You are married on the day the FAFSA® is initially completed or
- You have legal dependents other than a spouse or
- You are someone for whom a financial aid administrator makes a documented determination of independence by reason of extenuating family circumstances

***The Department of Education issued guidelines to clarify conditions under which financial aid administrators may appropriately consider dependency overrides. They do not include:***

- Parents refusing to contribute to student’s education.
- Parents unwilling to provide information on the application or for verification.
- Parents not claiming the students as a dependent for income tax purposes.
- You demonstrated total self-sufficiency.

**TO BE CONSIDERED FOR A REVIEW**

1. Read Section I carefully and collect appropriate documentation.
2. Complete Sections II and III. **If none of the circumstances in Section I apply to your situation, do not complete this form.**
3. Complete the certification statement below.
4. Submit the FAFSA® with all the student information completed.
5. Return the required information and documentation to the Financial Aid Office. You will receive a written response within fifteen business days of the outcome of your appeal.

**Certification Statement:**

All of the information provided by me for this appeal, is true and complete to the best of my knowledge. If requested, I agree to provide documentation for any information I have submitted. I understand that purposely giving false or misleading information may subject me to fines, penalties, and/or termination of financial aid.

Signature

Date

**Financial Aid Office**

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