2526 XDOV26

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Student ID (E Number) Last Name First Name

2025-2026 DEPENDENCY OVERRIDE

You have identified that you may have special circumstances relating to your relationship with your parents making it difficult/impossible to provide their information on your FAFSA application. There are very specific federal guidelines that must be followed so please be aware that completion of this form does NOT guarantee an override of your dependency status. For consideration, we need this form completed with all supporting documentation attached. We may request additional information and/or documentation relevant to your individual circumstances.

If you have had a dependency override approved by EIU or another school in a prior award year or this current award year, STOP. Please complete the DOVR (Renewal) Form instead.

- Please check all of the following situations that apply to you:

  I have not had contact with my parent(s) since month/year _____

  ☐ I have not received any financial support from my parent(s) since month/year _____

- Please include a **signed statement from a third party** who is aware of your personal situation. This statement may be provided by a family member, clergy member, adult family friend, etc. The statement must include: relationship to student, phone number and/or email address. (We cannot accept statements from another EIU student.)
- Please explain your circumstances in detail (attach additional pages, if necessary; additional documentation may be requested depending on your circumstances):

By signing, I certify that all the information reported on this form is complete and correct. I understand that purposely providing false or misleading information on this form may result in being fined, sentenced to jail, or both.

STUDENT SIGNATURE _____ DATE _____

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.

For Office Use Only:

Please initial the following:

Form completed and signed _____

Signed statement from third party _____

RRAAREQ = N/I _____

If Incomplete, note in ROAMESG _____

Dependency Override Completed:

Date: _____

Approved/Denied _____

Initials _____

EASTERN ILLINOIS UNIVERSITY

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE: **217-581-6405** FAX: **217-581-6422** EMAIL: **FINAIDVERIFICATION@EIU.EDU**