



Issued By _____ / Date _____

20____ - 20____ Dependency Override Reference Form

Student's Name _____ USC ID _____

To support the above student's request to be treated as an independent student for federal financial aid purposes, they ask that you provide the following information as a reference. All information collected by our office will be kept confidential. Please contact us if you have any questions regarding this request.

Please answer all questions on this form. You may attach additional sheets if necessary.

1. How long have you known the student? _____
2. What is your relationship to the student? _____
3. With whom does the student reside? _____
4. Please explain what you know concerning the student's situation, such as:
 - a. The whereabouts of the student's biological or adoptive parents and their current living arrangements
 - b. The student's last contact with their biological or adoptive parents and the frequency of that contact
 - c. Any relative or other adult with whom the student resided and for how long
 - d. Any other information that you believe is relevant to support the student's request

I certify with my signature that the information provided by me on this form is true and accurate to the best of my knowledge. I understand that I may be contacted if more information or clarification is required.

Name (please print): _____

Phone number / email address: _____

Signature: _____ Date: _____