



# 2026-27 Dependency Override Request

Student Financial Services  
Elmhurst University  
190 Prospect, Elmhurst, IL 60126  
Phone (630)617-3015

Student Name \_\_\_\_\_ eNumber: \_\_\_\_\_  
Last First M.I.

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

The Higher Education Act of 1965 permits the Office of Student Financial Services to review a student’s dependency status. Overrides are rare and are only granted to individuals who have presented adequate documentation and have been determined that they meet the criteria to be independent based on their personal circumstances.

The following circumstances **ARE NOT** grounds for granting one a dependency override:

1. Parents refusing to contribute to the student’s education;
2. Parents refusing to complete the Free Application for Federal Student Aid (FAFSA);
3. Parents unwilling to provide information on the application or for verification;
4. Parents not claiming the students as a dependent for income tax purposes;
5. Student demonstrating total self-sufficiency.

The following circumstances **MAY** merit a consideration for a dependency override:

1. Abusive family environment (e.g., sexual, physical, or mental abuse or other forms of domestic violence);
2. Abandonment by parents;
3. Incarceration or institutionalization of both parents;
4. Parents lacking the physical or mental capacity to raise a child;
5. Parents whereabouts unknown or parents cannot be located;
6. Parents hospitalized for an extended period of time;
7. Unsuitable household (e.g., child removed from the household and placed in foster care); or
8. Married student’s spouse dies or student is divorced and under the age of 24.

### REQUIRED DOCUMENTATION:

- You must include a **personal statement** (*see reverse side of this form*), along with:
  - **At least one letter** from a third-party professional, such as high school guidance counselor, social worker, clergy member and/or crisis center personnel. Please provide any documentation that may support your case.
  - **2026-27 Verification Worksheet:** ([www.elmhurst.edu/admission/financial-aid/forms-documents](http://www.elmhurst.edu/admission/financial-aid/forms-documents))
  - **2024 Tax Information**
    - **If you filed your 2024 Taxes**
      - 2024 IRS Tax Transcript (*make your request at [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript)*)
    - **If you did not file taxes**
      - 2026-27 Income Assessment Worksheet ([www.elmhurst.edu/admission/financial-aid/forms-documents/](http://www.elmhurst.edu/admission/financial-aid/forms-documents/))

### Student Questionnaire:

1. Is one or both of your parents living?	<input type="checkbox"/> Yes – Proceed to Question 2	<input type="checkbox"/> No – STOP HERE
2. Are you covered on your parent(s) medical insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you covered on your parent(s) auto insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you reside with your parents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do your parents contribute to any of your monthly expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever used your parent(s) tax information in a previous year on the FAFSA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Personal Statement:**

Your signature below certifies that you understand the content of this form. If you submit this form without supporting documentation, your form will be considered incomplete. Approvals are at the discretion of the Office of Student Financial Services and you will be notified within 10 business days after all documents have been received with the final decision.

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

\_\_\_\_\_  
Date

*Submit this worksheet and your documentation by email to [sfs@elmhurst.edu](mailto:sfs@elmhurst.edu)*