

Dependency Override Request

2026-2027

Name: _____ MCC ID: _____

Email: _____ Phone: _____

If you are required to provide your parent's information on the FAFSA form but are unable to do so because of unusual circumstances, MCC may be able to waive the requirement of your parent's information.

The process to request this waiver is called the Dependency Override Request

Examples of Qualifying Unusual Circumstances:

- An abusive family environment
- Abandonment by your parents
- Incarceration or institutionalization of both parents
- Parents cannot be located

This is not a complete list. If you believe you have unusual circumstances, please complete this form and explain the situation with your parents.

Examples of circumstances that **Do Not** Qualify as Unusual:

1. Parents refuse to contribute to the student's education;
2. Parents are unwilling to provide information on the FAFSA or for verification;
3. Parents do not claim the student as a dependent for income tax purposes;
4. Student demonstrates total self-sufficiency.

How to request a Dependency Override:

Follow these steps to request a Dependency Override:

- Complete a FAFSA for the current school year. at <https://www.studentaid.gov> You must have a FAFSA Application on file before you can submit the Dependency Override Request.
- Submit Dependency Override Request form including:
 1. A letter **explaining** your extenuating circumstances and why you believe you should be considered independent. Letter should clearly explain why you do not live with your Parent(s).
 2. Attach at least one reference letter from a friend or relative that knows about your situation and why you do not live with your parents.
 3. Attach at least one reference letter from a professional such as a high school teacher, counselor, principal, superintendent, government agency or court official, doctor or clergy who know about your situation and why you do not live with your parents. Letter must be typed/written on official school or company letterhead.

Submit additional documentation that supports your unusual circumstances

Additional documentation can include (but is not limited to):

- Court documents or police reports
- Hospitalization records
- Personal references who can verify your unusual circumstances such as:
 - School Teacher, counselor or principal
 - Pastor or clergy person
 - Close relative who can accurately verify your unusual circumstances

Explanation of unusual circumstances with your parents:

MC ID: _____

Name: _____

STUDENT INFORMATION

1. Where do your parents live?

Father's Address:

Street _____ City _____ State _____

Mother's Address:

Street _____ City _____ State _____

2. Where did you live in 2025?

Where will you live in 2026?

3. How are your living expenses (food, clothes, shelter) paid for? _____

4. Please list sources of income.

2026. _____

	Sources	2026 Amounts	Expected 2027 Amounts
	Income/Wages	\$ _____	\$ _____
	Savings	\$ _____	\$ _____
	Social Security Benefits	\$ _____	\$ _____
	TANF	\$ _____	\$ _____
	Unemployment Benefits	\$ _____	\$ _____
	Support from Others	\$ _____	\$ _____
	Other (Specify)	\$ _____	\$ _____

Processing timeline

It's our goal to review student requests and provide an approval or denial as soon as possible, usually within two to four weeks of receiving the student's completed Dependency Override documents. Students will be notified of MCC's decision on their Request by email.

If your Dependency Override Request is denied, then you must either include your parent's information on your FAFSA or submit a Parent Refusal Form to request a Federal Unsubsidized loan.

2026-2027 Dependency Change Request Statement: Family member or close friend

MCC ID: _____

Name of Student: _____

1. How long have you known the Student? _____
2. With whom does the Student live? _____
3. Please provide a detailed explanation of what you know about the student's situation and why he/she does not live with his/her Parent(s). Please only address the facts related to the student's claim that he or she is independent.

I certify that all the information I provided on this form and the reference letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Printed Name of Reference: _____

Signature of Reference: _____

Relationship to applicant: _____

Address, City, State, Zip Code & Phone Number: _____

Date: _____

2026-2027 Dependency Change Request Statement: Professional Person i.e. Teacher, Counselor, etc...

MC ID: _____

Name of Student: _____

1. How long have you known the Student? _____
2. With whom does the Student live? _____
3. Please provide a detailed explanation of what you know about the student's situation and why he/she does not live with his/her Parent(s).
Please only address the facts related to the student's claim that he or she is independent.

I certify that all the information I provided on this form and the reference letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Printed Name of Reference: _____

Signature of Reference: _____

Title or relationship to applicant: _____

Address, City, State, Zip Code & Phone Number: _____

Date: _____