

Vertical line on the left side of the page.

Empty rectangular box at the top of the page.

Large empty rectangular box in the center of the page.

Empty rectangular box at the bottom of the page.



Unusual Circumstance Dependency Override Request Statement by a Professional Third Party

Financial Aid & Scholarships requests additional information from a professional third party (not a friend or relative) to review the student's family situation. We appreciate your assistance with a brief statement on your professional knowledge of the student's relationship with their parents. Third parties may submit a signed typed statement on professional letterhead in lieu of this form. Typed statement must include the information requested on this form.

SECTION A: STUDENT INFORMATION

Student ID #: _____ Full Name: _____

SECTION B: STATEMENT BY PROFESSIONAL THIRD PARTY

Professional's Name: _____ Title (Doctor, Professor, Counselor, etc.) _____

Phone number (including area code) _____ Email: _____

Street Address: _____ City, State: _____ Zip Code: _____

How long have you known the student? _____

What is your relationship to the student? _____

With whom does the student reside? _____

How does the student support themselves? _____

Please briefly explain the student's relationship with both their biological, or adoptive, parents.

Section C CERTIFICATION

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed.

Signature: _____ Date: _____

X _____

Return this completed form with any required documentation to:

Office of Financial Aid, Drake State Community and Technical College
3421 Meridian Street North, Huntsville, AL 35811

