



Office of Student Financial Aid
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 St. Louis MO 63121-4499
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2009 - 2010 Request for Independent Status

Student Name _____ **Student #** _____

For the 2009-2010 award year, a student is automatically independent if he or she meets one of the criteria listed on Page 2 of the 2009-2010 Free Application for Federal Student Aid (FAFSA). Students who do not meet one of these standards are therefore dependent by federal regulations and must include their parents' tax information on the FAFSA form.*

The following conditions are **not** usually considered for dependency overrides:

- Parents' refusal to contribute to the student's education
- Parents are unwilling to provide information on the FAFSA or for the verification process
- Parents do not claim the student as a dependent for income tax purposes
- Students who demonstrate total self-sufficiency
- Students do not reside with their parents

However, if you believe there are extenuating circumstances that might warrant your being considered independent of your parents, this form provides instructions to petition for independent status. Unusual circumstances are cases such as an abusive family environment, or abandonment by parents where attainment of parental financial documents or support is impossible.

Please provide a copy of your 2008 federal income tax return and three (3) letters, one from yourself, and two additional letters from two independent parties [other than parent(s)] that summarize your unusual circumstance(s). Letters from persons in a professional capacity (on their letterhead) are most helpful.

You will be notified in writing about the decision on your request. (Please allow 2-3 weeks for a response.)

***If you haven't done so already, we recommend that you immediately file the FAFSA with the information that is available to you, in order to avoid missing a scholarship or state program deadline.**

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide additional proof of the information given if requested by the Student Financial Aid Office. I understand that if the information is incomplete or lacks the required documentation, no action will be taken.

Student Signature

Date

Please return form to Student Financial Aid Office
 At address at top of this form

OFFICE USE ONLY

Comments: _____

Administrator _____ Date _____