

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - www.buffalo.edu/financialaid/manage/forms/document-upload.html. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name: _____ Last Name: _____ UB Person Number: _____

Instructions

Students seeking a dependency override must complete this form if you are considered a dependent student for federal financial aid and believe you have compelling extenuating circumstances which should allow you to be considered an independent student. A 2025-2026 FAFSA must also be on file at UB. Please note that not living with parent(s) or not being claimed by them on tax forms does not make you an independent student for purposes of applying for federal student aid. Decisions made at other institutions are not accepted. All documentation received by the Financial Aid Office will be kept confidential. A financial aid advisor will review your documentation and notify you of the results. The determination made by the Financial Aid Office is final and cannot be appealed.

Documentation

1. **Personal statement.** Detail the extenuating circumstance that you believe warrants a review of your dependency status. You must include the nature of your relationship and location of both parents and when you were last in contact with them, as well as why you are unable to obtain information and/or support from your parents.
2. **Third Party/Professional Statements.** Provide two letters from third party adults, who have personal knowledge of you and your situation and who can verify your circumstances. Letters must satisfy the following:
 - At least one letter (on letterhead) must be from an individual who has been involved in the circumstances in a professional capacity such as a guidance counselor, physician, social worker, licensed therapist, clergy person.
 - All letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand knowledge of your situation.
 - Individuals submitting letters cannot be related to one another, nor can they reside at the same address. A telephone number and address where the individual can be reached for follow up questions must be included.
3. **Residence Information.** Provide a copy of your current lease or rental agreement. If you do not have either, include a signed statement from your current landlord verifying your tenancy.

Where did/will you reside in the aid years listed below?

Aid Year	With Parent	Other (Please specify):
2024-2025		
2025-2026		

4. **Expenses.** Circle each appropriate response to each question.

My parents did/will provide my health insurance during:	2024-2025	2025-2026	NA
My parent(s) did/will provide my auto insurance during:	2024-2025	2025-2026	NA
My parent(s) did/will claim me as an exemption on their federal tax returns for the following year(s):	2024	2025	NA

Student Signature: _____ Date: _____