



**Please return this form to:**

Wilmington College  
Pyle Center Box 1184  
1870 Quaker Way  
Wilmington, OH 45177

937.382.6661 x600  
[sos@wilmington.edu](mailto:sos@wilmington.edu)  
wilmington.edu

## 2024-2025 DEPENDENCY OVERRIDE CONTINUATION

### SECTION A: STUDENT INFORMATION

You were approved for a dependency override in the prior academic year. Institutions are required to validate that your unusual circumstance has not changed. Please complete Section B below. If your circumstances have changed, please contact us immediately for further instruction.

STUDENT NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

PERMANENT RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### SECTION B: CERTIFICATION

I certify that the information I supplied on my original Dependency Override Request has not changed. I am still unable to resume contact with my parents nor do I have any monetary or emotional support from them. I also certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status. I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both. I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_