# 2026-2027 Dependency Override Renewal

## Student's Information

**Last Name** _____ **First Name** _____ **M.I.** _____

**Student ID #** _____ **Date of Birth** _____

**Street Address (include Apt. #)** _____ **City** _____ **State** _____

**Zip Code** _____ **Student Email** _____ **Phone Number** _____

**Required**

- **Complete and attach** the **Independent Household Worksheet** to this form.
- **Read and review** the certification statement below.

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**STUDENT CERTIFICATION — Read Carefully Before You Sign**

I am requesting a **dependency override** for the **2026–2027** academic year. I was approved for a dependency override at Durham Tech in a previous award year, and I attest to the following:

- **No Change in Circumstances:** To the best of my knowledge, **all information provided** on the previous dependency override **remains true**.
- **Circumstances Persist:** To the best of my knowledge, **nothing has changed** that would allow the circumstances to be resolved.
- **FAFSA Parent Data:** I certify that I am **still unable to provide parental documentation** on the FAFSA.

By signing this form, I certify that all information included in this request for a dependency override is **true, accurate, and complete**. I understand that if I am found to have knowingly or intentionally provided **false or fraudulent statements and/or documentation**, my request will be denied and my financial aid eligibility may be jeopardized.

**PLEASE NOTE:** A dependency override is **approved on an annual basis.** You must **update your information and submit a new request each year. Approval is not automatic.**

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**Student Signature (*handwritten*):** _____ **Date:** ____ / ____ / _____

**Printed Name:** _____

Please return this completed form to:
Financial Aid Office, 1637 Lawson Street, Durham, NC 27703
Phone 919-536-7209, Fax 919-536-7260, financialaid@durhamtech.edu

## Office Use Only:

**Financial Aid Advisor Decision:** ☐ **Approved** ☐ **Denied**

**Financial Aid Advisor Signature** _____ **Date** _____

**Financial Aid Director Decision:** ☐ **Approved** ☐ **Denied**

**Financial Aid Director Signature** _____ **Date** _____