

Financial Aid Office
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Appleton, WI 54911



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2018-2019 Lawrence University Dependency Override Renewal Request

Name: _____ **Lawrence University ID #:** _____

2018-2019 FAFSA Status: **Already Filed FAFSA** **Have Not Filed FAFSA**

Instructions: A student with an *approved* Dependency Override for the 2017-2018 aid year at Lawrence University who does *not* meet the federal criteria for independent status on the 2018-2019 Free Application for Federal Student Aid (FAFSA) may submit this Dependency Override Renewal Request. This request will be reviewed and a determination made based on your signed statement below in reference to your previous Dependency Override and supporting documentation. If new supporting documentation is available, please submit it with this request.

In the space below, summarize how or if your circumstances have changed since your initial Dependency Override Appeal approval.

Affirmation Statement

My signature below indicates the information on this form and supporting documents, if included, are true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____