



Return this form to:
Carl Albert State College
Financial Aid Office
Hemphill Hall – HH102
P: 918-647-1343

2018-2019 Statement of Special Circumstance

***Used to determine eligibility to request a Dependency Override or a Parental Data Override.**

Student Name:	SSN or ID:
Phone Number:	Date of Birth:

You have stated on your Free Application for Federal Student Aid (FAFSA), that you have a special circumstance that prevents you from providing parent information on the FAFSA. Please use the lines below to describe the circumstance. Please provide as many details as possible, as this will be used to determine your eligibility to request a **Dependency Override** or **Parental Data Override**. Once our office has received this statement, it will be reviewed and you will be notified of the decision and any other documents we may require from you.

CERTIFICATION

All of the above information on this form and on the above named student's original Financial Aid Application is true and complete to the best of my knowledge. I realize that if I have knowingly provided any false or misleading information on either this form or the Financial Aid Application, I will have to repay any financial aid I may have received based on this information. If approved I will be required to complete a Dependency Override Form and provide all required documents necessary as proof of the above statements before any financial aid will be awarded. If the Special Circumstance is not approved I may be eligible for a Parental Data Override which enables me to receive Unsubsidized Direct Loans only.

Student's Signature

Date

OFFICE USE ONLY: Approved: ____ Denied: ____ Signature: _____ Date: _____ Comments
--