Carl Albert State College
FINANCIAL AID

Return this form to:
Carl Albert State College
Office of Financial Aid
Hemphill Hall – HH102 or
Fax: 918-647-1227

2019-2020 Statement of Special Circumstance

This is used to determine eligibility to request a Dependency Override or a Parental Data Override.

Student Name:	Student 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.

CERTIFICATION

All of the above information on this form and on my original FAFSA 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 FAFSA, I will have to repay any financial aid I may have received based on this information.

Student's Signature _____ **Date** _____

OFFICE USE ONLY: Approved: ____ Denied: ____ Signature: _____ Date: _____
Comment: ☐ DO ☐ PDO