



**A community college sponsored by Niagara County**

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

### **REQUEST TO RELINQUISH PARENTAL RESPONSIBILITY IN FILING 2024-2025 FINANCIAL AID APPLICATIONS**

To be eligible for federal financial aid students must meet certain requirements to qualify for financial aid as **independent**. If you do not meet one of the requirements listed under step three of the Free Application for Federal Student Aid (FAFSA), you will be evaluated as a dependent student. Only extreme situations can be considered for exceptions - please read below if this applies to you.

#### **EXTENUATING CIRCUMSTANCES**

If you feel that your circumstances demonstrate that your parents have relinquished their parental responsibility and control, please answer **ALL** of the following questions and provide **ALL** of the requested documentation. Examples of situations that may warrant a dependency override include:

- ✓ Documented physical or emotional abuse.
- ✓ Severe estrangement or abandonment.
- ✓ Documented parental drug or alcohol abuse.
- ✓ Mental incapacity.
- ✓ Situations beyond the student's control that prevent a parent-child relationship.
- ✓ Certain guardianship agreements.
- ✓ Have dependents who receive more than 50% of support from you.

Due to Federal regulations, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit dependency override:

- ✓ Parent's refusal to contribute to the student's education.
- ✓ Parent's unwillingness to provide information on financial aid applications for verification.
- ✓ Parents do not claim the student as a dependent for tax purposes.
- ✓ Student demonstrates total self-sufficiency (where a student chooses to live does not determine dependency).
- ✓ Emancipation papers submitted to a high school.

Based on the documentation you submit, the Appeals Committee will make a decision regarding your dependency status. **The decision of the Appeals Committee is FINAL.** You must submit this appeal form and all supporting documentation together as your appeal will only be reviewed one time. *The burden of proving your eligibility for independent status rests upon you.* In light of this, please use the instructions on the back of this correspondence to make sure that your appeal is complete before you submit it to our office.

**TIMELINE:** It is important that the completed REQUEST TO RELINQUISH PARENTAL RESPONSIBILITY is submitted **at least one month prior to your tuition due date** to allow proper processing time through the Federal Central Processor and SUNY Niagara. Students completing a request after this time period will be expected to pay their tuition and fees or use the college's payment plan to cover any existing account balances.

**Return this form** and **a 2024-2025 Verification Worksheet** to the Financial Aid Office in the Ernest Notar Administration Building along with the information indicated on the back of this form. We must already have **a completed 2024-2025 FAFSA** on file.

**IF FILING INDEPENDENT BECAUSE OF HAVING A CHILD, PLEASE SUBMIT THE FOLLOWING:**

- A copy of your child's birth certificate, a utility bill or rental agreement in your name, a **signed** copy of your 2022 and 2023 federal tax returns (1040) and W-2's along with a 2024-2025 Verification Worksheet where you need to list all income including untaxed income. **Proceed to Step 4.**

**ALL OTHER STUDENTS, PLEASE COMPLETE ALL OF THE FOLLOWING STEPS:**

1. A letter stating your extenuating circumstances or your reasons why you believe you should be considered an independent student for the purposes of receiving Federal financial assistance. At minimum, discuss such issues as your emancipation from your parents, your residency, your self-sufficiency, and your financial resources for 2023, 2024, and projected 2025. Emancipation papers submitted to a high school **are not acceptable** documentation by themselves. Your letter should indicate why you **cannot** return to your parent's home and why you feel the parent-child relationship no longer exists between you and your parents.
2. A letter from at least **two** persons other than your relatives (such as a member of the clergy, a social worker, a legal aid representative, school counselor, or an official at the facility that has accepted responsibility for your care) relating to your family circumstances. This statement must include the specific reasons for relinquishment of parental responsibility and control. The person making the statement should include his/her relationship to you and how that person has **direct** knowledge of your family circumstances.
3. Provide documentation of all income and benefits received by you or for you in 2022. Documentation includes signed copies of your 2022 Federal Tax transcript and W-2 form(s), and/or verification of your receipt of untaxed income such as public assistance benefits, social security benefits, unemployment compensation, etc.
4. Please provide your parents' current address(s) – include street, city, state, phone number(s):

Parent 1: \_\_\_\_\_  
(Father/Mother/Stepparent)

Parent 2: \_\_\_\_\_  
(Father/Mother/Stepparent)

5. Have you applied for independent student status at any other institution of higher education (college, university, business school, etc.) in this year or prior? ☐ NO ☐ YES If yes:

Where: \_\_\_\_\_

Where: \_\_\_\_\_

6. Where did/will you live in:

2023 <input type="checkbox"/> With Parents	<input type="checkbox"/> With Relatives	<input type="checkbox"/> On Your Own
2024 <input type="checkbox"/> With Parents	<input type="checkbox"/> With Relatives	<input type="checkbox"/> On Your Own
2025 <input type="checkbox"/> With Parents	<input type="checkbox"/> With Relatives	<input type="checkbox"/> On Your Own

**If "On Your Own" is checked, please provide copies of rent/lease agreement or mortgage statement.**

**CERTIFICATION:** All of the information on this form and attached documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of any sources listed on this document or any sources listed on other documentation received by the College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Submission of this form does not mean that you will automatically be granted independent status. The decision of the Appeals Committee is final. You will be notified within two weeks of the receipt of this request.

**Office Use Only:**

This request was reviewed by \_\_\_\_\_ on \_\_\_\_\_.

The determination was made to approve/disapprove the request.
