



**INSTRUCTIONS FOR A DEPENDENCY OVER RIDE
REFERENCE FORM
2007-2008**

_____ is trying to prove s/he is eligible to apply for financial aid as an independent student. The Department of Education states that if a student does not meet the standard criteria, s/he may apply for a Dependency Over Ride.

The requirements to apply for a Dependency Over Ride include a minimum of three references from teachers, counselors, attorneys, pastors, family friends and the person with whom the student currently resides.

The references must come from people who know the family situation and can provide detailed information about the parent(s)/child relationship. Unless the student can provide evidence of physical or mental abuse by the parent(s) or abandonment by the parent(s), a Dependency Over Ride is usually not approved. Complete the reference form online, print it, sign it, and return it to the financial aid office at the address listed on the bottom of the form. Please complete this form as soon as possible.

The student's Dependency Over Ride Application will not be processed until we have received the reference form.

South Plains College
Financial Aid Office
1401 College Avenue, Box B.
Levelland, TX 79336
Phone # (806) 894-9611 ext. 3800



07-08 DEPENDENCY CHANGE REQUEST - REFERENCE

Name of Applicant _____ SS# _____
(Your social security number is being requested because it is a unique identification number that is maintained for the purpose of verifying that the correct student record is being updated, for tracking purposes and for state and federal report requirements.)

How long have you known the applicant? _____

Are you related to the applicant? Yes ___ or No ___ If so, how? _____

With whom does the applicant reside? _____

To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years:

2005 Yes ___ No ___ If yes, who? _____

2006 Yes ___ No ___ If yes, who? _____

Please explain briefly what you know to be the applicant's situation. If you should need more space to explain, please attach a letter or use the back of this form.

I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) _____

Signature _____

Street Address, P. O. Box, Etc. _____

City/State/Zip _____

Official Title or Relationship to Applicant _____

Telephone () _____

Best time to be reached _____ Date _____

Please return to: Financial Aid Office, South Plains College, 1401 College Avenue, Box B., Levelland, TX 79336