



Office of Financial Aid
Dutchess Community College
Orcutt Student Services Center/ Room 104
(845) 431-8030/Fax (845) 431-8603
Email: financial-aid@sunydutchess.edu

Dependency Override Reaffirmation Form 2011-2012

Student Name: _____ Student ID Number: A_____

This section is to be completed by the student.

In a previous year, I, _____, was granted a dependency override from the Office of Financial Aid at Dutchess Community College. According to Federal regulations, "Not only do dependency overrides not carry over from one school to another, they do not carry from one year to the next; if the student is not independent for some other reason, the financial aid office must reaffirm each year that the unusual circumstances persist and that an override is still justified".

I, _____, reaffirm that the circumstances I previously
(print name)

used to support my petition for independence, included in the documentation that was submitted, are still in existence.

Signature

Date

See reverse == >>

This section is to be completed by the non-vested third party who had previously submitted documentation supporting your case.

I, _____, reaffirm that to the best of my knowledge, the
(print name)
circumstances stated in the documentation previously submitted to Dutchess
Community College in support of the independence of _____
(student's name)
are still valid and in existence.

Signature

Date

Title