



## **Anoka Technical College**

Financial Aid Office 1355 West HWY 10 Anoka, MN 55303

finaid@anokatech.edu Phone: 763-576-7730 Fax: 763-576-7721

## **Anoka-Ramsey Community College**

300 Spirit Dr. S Cambridge, MN 55008

Financial Aid Office OR Financial Aid Office 11200 Mississippi BLVD NW Coon Rapids, MN 55433

## financialaid@anokaramsey.edu

Phone: 763-433-1500 763-433-1501

## 2022-2023 Petition for Dependency Status Override

Name	Stu.ID	Email	
I am petitioning the Financial	Aid Office to change my status from	dependent to independent and waiv	e parent information.
<ol> <li>Parents are unwil</li> <li>Parents refuse to</li> </ol>		ABLE for consideration for a Dep AFSA or provide documentation for ng on one's own.	
THE STUDENT MUST COMPLE	TE AND SUBMIT this signed docume	ent, along with the Requested Docur	nentation as detailed below:
contact with not Requested Documentation  Letter from you expl.  A copy of the death of	received any financial support from: an: aining the estrangement situation with ycertificate for the deceased custodial par		ant period of time.
lived with nor receive	ed financial support from the non-custoo	ial parent for a significant period of time	•
Requested Documentation  • Letter from you expl  • A letter (on official letter)	n <u>:</u> aining the unusual circumstance or situa etterhead) explaining the situation in de	nysical abuse, emotional abuse, or etion in detail. tail from a separate objective third-part loctor, lawyer, or another counseling pro	cy <i>individual</i> such as a minister,
Requested Documentation  • Letter explaining who  • Supporting document	<u>n:</u> y you believe you should be considered i	orced/widowed, you are estrang ndependent. eath certificate, or letters (min. of 2) from	•
***I certify that all of the inform independent is true and compl		ncerning my request for a status chan	ige from dependent to
Student Signature		Date	<del></del>
	OFFICE U	SE ONLY	
Approved			
_			
Financial Aid Administrator		Date	