



Financial Aid Office
 1860 Lincoln Street
 6th Floor
 Denver, CO 80203
 Phone: 720-423-4700
 Financial.Aid@emilygriffith.edu
 EmilyGriffith.edu

2026-2027 Dependency Override Request

Student Name (Print): _____ Student ID#: _____

Email: _____ Phone Number: _____

By completing this form, you are asking the Financial Aid Office at Emily Griffith Technical College (EGTC) to review your student dependency status. You must document an extreme, unique, and/or unusual family circumstance that prevents you from obtaining parental information. Examples include family abuse or neglect, parental desertion, and other situations where contact between you and your parent(s) are strained or non-existent. Submission of this request and documentation does not imply the request will be approved. We must also have a current 2026-2027 FAFSA on file.

New Request: Please complete and attach **all** of the following information:

- Statement providing information supporting why you are independent of your parent(s). Please be as detailed and thorough as possible in order to help our office determine your dependency status.
- Statement from a third party supporting your request and the reasons you are unable to obtain your parent(s) information. Examples include: counselors or teachers, clergy, community groups, government agencies, medical personnel, courts, or prison administrators. In rare circumstances where third party confirmation cannot be obtained, financial aid has the discretion to accept a signed statement from a relative or friend. However, the use of this form of documentation may occur only in extremely rare circumstances and lack of acceptable third party documentation may result in your request being denied.

Previously Approved Request: In order to have the Financial Aid Office at EGTC re-evaluate your Dependency Override Request from a previous year, you must submit the following information:

- Statement providing information supporting why you are **still** independent of your parent(s).

By signing this form, I certify that all the information reported on this form is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code. I affirm that I have read, understand, and agree to this form in its entirety.

Student Signature _____
Date

For Financial Aid Office Use Only: **Approved** **Denied**

First Reviewer: _____ Date _____

Second Reviewer: _____ Date _____