

Office of Financial Aid

demonstrates total self-sufficiency. In your petition you should answer each of the following items:

216 Lela Raney Wood Hall Columbia, MO 65215 PHONE (573) 876-7106 FAX (573) 876-2320 EMAIL finaid@stephens.edu

Student Name (Last, First)	Student ID Number		
2024-2025 Request for Independent Status Form			
Occasionally, due to unusual circumstances, students cannot obtain parental infosome unusual reason, you may petition for a waiver of federal regulations requirinone of the following conditions, singly or in combination, qualify as unusual circuindependent status: 1) parents refuse to contribute to the student's education; 2) the FAFSA or verification; 3) parents do not claim the student as a dependent for	ng parental information. Please note , umstances meriting a request for parents will not provide information for		

- 1. Identify the location of both your parents.
- 2. Describe the last time you had contact with each of your parents when, where, and the nature of the contact.
- 3. Explain why you cannot obtain parental information.
- 4. Provide statements from two responsible adults who are aware of your situation and can corroborate the facts you present. Examples of such persons would include clergy, social workers or other social service personnel, court officials, teachers or high school counselors. At least one statement must be from someone who is not a relative or friend, and the letter should be on company letterhead.

Certify below:

I have attached statements from the following persons (please list their information below):

Name	Name
Address	Address
Job Title	Job Title
Relationship to you	Relationship to you

A committee will review your request and our office will notify you in writing regarding their decision as soon as practicable.

Appeal decisions are final and not subject to further review. Before submitting, please make sure you have provided complete information.

STOP: Did you fully complete this form, including attachments?

NOTE: If we have reason to believe the information reported is inaccurate, we may require additional documentation.

By signing, I certify that all the information reported is complete and correct. **WARNING:** if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

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Student Signature	_	Date	