

# 2018-2019 Dependency Override: Personal Statement by a Professional Third Party

## SECTION A: STUDENT INFORMATION

Name:	UNT Assigned ID:	SSN (last 4 digits only):
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## SECTION B: PERSONAL STATEMENT BY A PROFESSIONAL THIRD PARTY

Third Party Name:	Telephone (include area code):	
Street Address:	City, State:	Zip Code:

- How long have you known the student? \_\_\_\_\_
- What is your relationship to the student? \_\_\_\_\_
- With whom does the student reside? \_\_\_\_\_

Please explain the student's relationship with his/her biological parent(s). Use the back of this form if necessary.

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## SECTION C: CERTIFICATION

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. **Electronic signatures are not accepted.**

Signature

Date

  X   \_\_\_\_\_

*Return this completed form with any required documentation to:*

*Student Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017  
or fax to (940) 565-2738 or save and attach as PDF and email to [financialaid@unt.edu](mailto:financialaid@unt.edu)*