

## 2016-2017 Dependency Override Renewal

SECTION A: STUDENT INFORMATION		
Name:	UNT Assigned ID:	SSN (last 4 digits only):
SECTION B: INSTRUCTIONS		
<u> </u>	-	ndency Override. Your application will not
be reviewed unless all requirement	its are met.	
1. Complete the certification in Section C below.		
2. Complete a paper Free Application for Federal Student Aid (FAFSA), if not already submitted.		
3. Return all documents to our office.		
SECTION C: CERTIFICATION		
I am requesting consideration for a renewal Dependency Override at the University of North Texas. I certify		
, , ,	¥ •	equest to be considered as an independent
		d return this form for my financial aid to be
processed. Electronic signatures	are not accepted.	
Student Signature	Date	
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X		