

2015-2016 Dependency Override Reference

SECTION A: STUDENT INFORMATION		
Name:	UNTD Assigned ID:	SSN (last 4 digits only):

SECTION B: REFERENCE INFORMATION		
Reference Name:	Telephone (include area code):	
Street Address:	City, State:	Zip Code:
<ul style="list-style-type: none"> How long have you known the student? _____ What is your relationship to the student? _____ With whom does the student reside? _____ <p>Please explain what you know concerning the student's relationship with his/her parent(s). Use the back of this form if necessary.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

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
<u> X </u> _____	_____

Return this completed form with any required documentation to:
 Student Financial Aid & Scholarships, University of North Texas at Dallas- 73000 Univeristy Hills Blvd, Dallas, TX 75241
 or fax to (972) 780-3636 or save and attach as PDF and email to financialaid@untdallas.edu