

## 2017-2018 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: \_\_\_\_\_

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

Please explain what you know concerning the student's relationship with his/her 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 at Dallas - 7300 University Hills Blvd., Dallas, TX  
 75241 or fax to (972) 338-1799 or save and attach as PDF and email to [financialaid@untDallas.edu](mailto:financialaid@untDallas.edu)