

2016-2017 Dependency Override Reference

SECTION A: STUDENT INFORMATION

Name:	UNT D Assigned ID:	SSN (last 4 digits only):
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SECTION B: REFERENCE INFORMATION

Reference Name:	Telephone (include area code):
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Street Address:	City, State:	Zip Code:
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- 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.

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 Univeristy Hills Blvd, Dallas, TX 75241
 or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untdallas.edu*