

2019-2020 Dependency Override Renewal

SECTION A: STUDENT INFORMATION

Name:	UNTD Assigned ID:	SSN (last 4 digits only):
SECTION B: INSTRUCTIONS		
Please follow the steps below to be considered unless all requirements are a	<u> </u>	ndency Override. Your application will not
 Complete the certification in Sec Complete a 2019-2020 Free App Return all documents to our offic 	lication for Federal Studer	nt Aid (FAFSA), if not already submitted.
SECTION C: CERTIFICATION		
that my family situation remains the sam	e as the previous year. I regretand that I must sign and	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
Student Signature	Date	