

## 2025 - 2026 Dependency Override Renewal

\_\_\_\_\_  
 Student Name ctclink Student ID #

I confirm that my situation as specified in my Independency Petition for the \_\_\_\_\_ academic year remains unchanged and that the information I submitted accurately reflects my present situation. I request that I be granted a waiver from the Federal regulation requiring parental information on the Free Application for Federal Student Aid (FAFSA) again for the 2025-2026 academic year.

I understand that my independency renewal request cannot be processed until I have met with, or have been contacted by, a Financial Aid Administrator to verify that my status remains unchanged.

My daytime contact number is: \_\_\_\_\_.

*I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that false or misleading information may be cause for denial, termination, and/or repayment of financial aid funds.*

*I understand that submitting this form electronically as an email attachment **using my SVC email account** constitutes my signature and my certification that the information provided herein is complete and correct.*

Once completed, this form may be submitted via your mySVCemail account, to [financial.aid@skagit.edu](mailto:financial.aid@skagit.edu). Note: this email address is for document submission only.

\_\_\_\_\_  
 Signature Date

FOR OFFICE USE ONLY	
FA Administrator Decision:  <input type="checkbox"/> Circumstances have changed since the original petition was filed. Student is now dependent. Parent data is required.  <input type="checkbox"/> Student remains independent based on professional judgement. Override submitted via CPS.	
_____ Financial Aid Staff	_____ Date

Rev. June 2024

SVC FINANCIAL AID OFFICE USE ONLY		
<b>ESK083</b>	<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> Pending	<b>INITIALS &amp; DATE:</b>