Financial Aid Office
2405 E. College Way – Lewis 121
Mount Vernon, WA 98273
Phone: MV–360.416.7666/WIC–360.679.5320
Fax: MV–360.416.7886/WIC–360.679.5375
Email (for Document Submission Only): financial.aid@skagit.edu

2018-2019 PETITION TO REQUEST INDEPENDENCY RENEWAL

Student Name _____ SS # _____

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 2018-2019 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 mySVC email account, to financial.aid@skagit.edu. Note: this email address is for document submission only.

Signature _____ Date _____

FOR OFFICE USE ONLY

FA Administrator Decision:

☐ Circumstances have changed since the original petition was filed. Student is now dependent. Parent data is required.

☐ Student remains independent based on professional judgement. Override submitted via CPS.

_____ _____
Financial Aid Director Date

Rev. 11/16/17

SVC FINANCIAL AID OFFICE USE ONLY		
72B	☐ Request Approved ☐ Request Denied ☐ Pending	**INITIALS & DATE:**