

**REQUEST FOR INDEPENDENCE CONSIDERATION
FOR FEDERAL STUDENT AID**

Please complete this form using ink. Electronic or typed signatures are not acceptable.

Student Name: _____ **ID Number: U00** _____
Last Name First Name

This form is for those students who do not meet the federal independence criteria as noted in the **"Student Personal Circumstances"** section of the FAFSA and feel that they have special circumstances that should be taken into consideration. *Please note that this form cannot be used to request independence status for the NYS TAP award. This must be done separately through HESC, as their criteria are different.*

All information submitted in support of this application will be kept strictly confidential and becomes property of SUNY Poly.

RETURNING students complete this section only (unless situation has changed).

- ☐ Check here if you were granted independent status for the 2024-2025 academic year at SUNY Poly.
- ☐ Check here if your situation has not changed and you are again requesting independent status for 2025-2026.
- ☐ Check here if you are now living with, or reconciled with, your parent(s). *(In this case, you need to complete the 2025-2026 FAFSA with the parent information).*

Please sign certification block at end of form.
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ALL OTHER STUDENTS please begin here.

A. Extenuating Circumstances:

- Indicate the month and year that you last lived with your parent(s). ____/____
- Please explain, on a separate sheet of paper, the reason(s) that you left your parent(s) household and the extent of contact you have with your parent(s) at this time. In this letter, please indicate where and with whom you are currently residing and how you are being supported.

B. Additional Documentation Required:

- At least two letters from reliable third parties who can verify your circumstance. The parties writing on your behalf must have first-hand knowledge of your situation and be able to describe it fully. (Reliable third parties are adults who are familiar with your situation such as a counselor, clergy, teacher, attorney, or a school counselor). At least one letter should be from someone who is not related to you.

Continued on Reverse

- Any other documentation that you would like to submit to support your request. (Examples include police reports, court papers, etc.)
- Your completed 2025-2026 FAFSA. You may leave parent section blank.
- Depending on the complexity of your request, additional documentation may be requested.

Please note that the federal guidelines regarding dependency overrides clearly indicate that the following situations DO NOT qualify as extenuating circumstances and therefore would not result in a dependency override.

1. Parent(s) refusing to contribute to the student's education.
2. Parent(s) unwilling to provide information on the application or for verification.
3. Parent(s) not claiming the student as a dependent for income tax purposes.
4. Student demonstrating total self-sufficiency.

Your documentation must support an extenuating or unusual circumstance that is not included above. Examples may include students who have no contact with their parent(s) due to circumstances beyond their control and students leaving an abusive household. These examples are only a guide and are not all that will be considered. If you document your circumstances, they will be reviewed. You will receive a decision in writing from the Financial Aid Office with any further instruction if necessary.

If you have any questions, please call or e-mail the Financial Aid Office as noted below.

All students must sign the certification below:

I certify that the information provided is true and accurate to the best of my knowledge. I am aware that the information above constitutes an application for funds from the federal government and that material omissions, or false and misleading information may result in penalties under federal law. If changes occur, I will notify the Financial Aid Office in writing.

Student's Signature

Date

Return this form and all supporting documents to:

**SUNY Polytechnic Institute
Financial Aid Office
100 Seymour Road
Utica, New York 13502**

**Email: finaid@sunypoly.edu Phone 315-792-7210
Fax 315-797-7220**