Dependency Certification Form
2019 -2020

______________________________________________ ____________________________________
Student Name     Student PID     (Pxxxxxxxxxx)

______________________________________________ _________________
Student Signature     Date

By signing this form, you are agreeing to the following paragraph and certifying your right to be classified as an independent student. This decision is based on a previous dependency override completed by the Office of Student Financial Aid and Scholarships (OSFAS) at Ohio University.

“The circumstances described in my original dependency appeal have not changed. I am requesting the OSFAS to approve a dependency override for the 2019-2020 academic year based on the circumstances as described in my dependency appeal.”

__________________________________________________________________________________

This form must be signed and returned to our office so that we may override your dependency on the 2019-2020 FAFSA. Please read the following statement below and place a check mark next to the statement acknowledging that you agree.

_____  I will complete my 2019-2020 FAFSA online at www.fafsa.ed.gov. When completing the FAFSA online, please do not answer yes to any of the dependency questions. You may still complete the FAFSA without parental information. You must email financial.aid.verfication@ohio.edu once your FAFSA is completed online.