



## 2018-19 Dependency Override - Renewal

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_

ETBU Student ID \_\_\_\_\_

I am requesting consideration for a Dependency Override Renewal at East Texas Baptist University. I certify that my family situation remains the same as the previous year. I am requesting to be considered as an independent student for financial aid purposes.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### *ETBU Financial Aid Office Use Only*

☐ Approved

☐ Documentation on File

☐ ISIR Correction Made

Date \_\_\_\_\_

FAA \_\_\_\_\_

Return this form and any attachments to:  
Office of Financial Aid – East Texas Baptist University  
One Tiger Drive, Marshall, TX 75670  
Phone: 903-923-2138  
Email: [financialaid@etbu.edu](mailto:financialaid@etbu.edu)  
Fax: 903-934-8120

Revised: October 2017