



## 2019-20 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

Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Office Use Only  
Processed By: \_\_\_\_\_ Code: DEPENDENCY OVERRIDE

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(Rev.11/12/18)