



2026-2027 Request for Review of Dependency

STUDENT NAME: _____ OSU ID: _____

INSTRUCTIONS

If you have unusual circumstances that you feel warrant a review of your dependency status, you may appeal to be considered independent for financial aid purposes.

You may NOT appeal to be considered independent because your parent(s) refuse to contribute towards your education, are unwilling to provide information on the Free Application for Federal Student Aid (FAFSA) or for verification, do not claim you as a dependent for income tax purposes, or do not financially support you.

Provide a clear and concise explanation of your unusual circumstances. The statement must be signed and dated. The statement must include:

- Your relationship with your biological and/or legally adopted parent(s).
- Specific dates of events that caused the separation from both parent(s) including last date of contact.

In addition:

- Documentation must be provided to support the extenuating circumstances.
- This should include court documents, signed written statements from family members or a third party such as clergy, counselors, and/or social workers, and police reports.

RECOMMENDATIONS

It is recommended that students obtain counseling from Buckeye Link or a financial aid advisor at a regional campus or professional school prior to submission.

Please see sfa.osu.edu/contact-us for full contact information for Buckeye Link, and regional campuses.

To return this form:

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264 | Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300 or help.osu.edu.

Note: Do not submit this form or any supporting documents via email.



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CHECKLIST

Please verify the following steps have been completed before submitting:

- I have included my personal statement explaining my circumstances.
- I have attached documentation supporting the extenuating circumstances, including documents from family members and/or a third party.
- All sections of this form are completed fully and there are no blank fields.

I acknowledge that all of the information provided on this form is complete and correct.

I understand that the information I submit may be shared with university offices that have a need to know for purposes of reviewing and processing this appeal, and/or to comply with university policy or law.

HANDWRITTEN SIGNATURES ONLY.

Student Signature (do not type)

Date

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