

**2011-2012**  
**Lincoln University**  
Office of Financial Aid  
Request for Dependency Override Continuation

If you have requested and been approved for a Dependency Override prior to 2011-2012 academic year, you will need to complete the statement below:

I \_\_\_\_\_ Please print fullname **certify to the fact that my circumstance(s) for independency has not changed since last academic year. Below please provide a typed detailed statement of your current situation.**

By signing this statement, I acknowledge that I may need to re-verify my independency every academic year.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date