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**Office of Financial Aid**

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Lincoln University, PA 19352-0999

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**484-365-8198** fax
financialaid@lincoln.edu

# 2027-2028

## Office of Financial Aid
## Request for Dependency Override Continuation

If you have requested and been approved for a Dependency Override prior to 2027-2028 academic year, you will need to complete the statement below:

**I _____ certify to the fact that my circumstance(s) for independency has not**
print fullname
**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 Student ID # Date