

20242025 Unusual Circumstances Form for Dependency Override
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In order for the Roger Williams University Office of Student Financial Aid to consider your request for a "Dependency Override" you must complete this form in its entirety and provide the following documentation. All

STUDENT CERTIFICATION

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IT WILL BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS.

I FULLY UNDERSTAND THAT TO FALSIFY ANY INFORMATION ON THIS FORM IN ORDER TO RECEIVE FEDERAL TITLE IV FUNDS IS A FEDERAL OFFENSE PUNISHABLE BY A \$20,000 FINE, IMPRISONMENT, OR BOTH.

I UNDERSTAND THAT IF MY SITUATION CHANGES IN ANY WAY, IF I MOVE BACK WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM, THAT I MUST REPORT THIS INFORMATION TO THE ROGER WILLIAMS UNIVERSITY OFFICE OF STUDENT FINANCIAL AID.

I UNDERSTAND THAT BY SIGNING THIS FORM, I AUTHORIZE THE ROGER WILLIAMS UNIVERSITY OFFICE OF STUDENT FINANCIAL AID TO CONTACT MY THIRD- PARTY REFERENCES AND VERIFY ANY INFORMATION SUPPLIED ON THIS FORM.

Student Signature: _____ Date: ____/____/____

