

College Connect Locations

SUNO Campus:

L.C. Barnes Administration Bldg, A-43
Phone: 318-670-9221
Fax: 318-670-6313
Email: financialaid@susla.edu

SUBR Campus: Carey Williams

Stewart Hall, Rm 107



Phone: 225-771-5630 Fax: 225-771-4954
Email: cwilliams@susla.edu

Office of Student Financial Aid & Scholarships

L.C. Barnes Administration Bldg, Rm A-43

3050 Martin Luther King, Jr. Drive Shreveport, La 71107

Phone: (318) 670-9221 Fax: (318) 670-6313 Email: financialaid@susla.edu

2017-2018 Dependency Override Certification

Student ID #			
_____	_____	_____	_____
Student's Social Security Number	Student's Last Name	Student's First Name	Middle Initial
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Home Telephone Number		Cell Phone Number	
_____		_____	

The U.S. Department of Education requires documentation to be submitted to the Office of Student Financial Aid & Scholarships in order for the Director to determine if the circumstances warrant a dependency override. The Director's decision is FINAL. Dependency overrides are done on a case-by-case basis. Even if you were eligible for an override in a previous academic year or at a previously-attended institution, you may not qualify for an override in the future.

Please Check:

- A. I have provided additional information concerning my dependency status.**
- B. I attest my situation, as it relates to my dependency status, has not change from the information provided the previous award year.**

I certify that the information provided on this form is true and correct. 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 and can be punishable by a \$10,000 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 Financial Aid Office.

Student Signature: _____ **Date:** _____

Office of Financial Aid & Scholarships
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