

2019-20 Dependency Appeal Request

Student Last Name: First	:
UA Student ID #:	
Under federal guidelines, most traditional-age undergraduate students are automatically considered dependent upon their parents. However, a student may have extenuating circumstances that warrant special consideration for independent status.	
Extenuating circumstances include, but are not limited to, estrangement that are properly documented.	t, abuse, abandonment, or other irreconcilable differences
Extenuating circumstances do not include any of the following situatio or provide required documents, student's refusal to request informatio parent(s) for federal income tax purposes, or parent(s) refusal or inabili	n from parent(s), student is not claimed as an exemption by
Section A: Letters of Explanation/Support. This form must be accompanied by the following:	
First-time request at the University of Akron:	
A signed and detailed letter from you, the student, explaining to both biological/adoptive parents.	he extenuating circumstance, including your relationship with
A separate letter from an independent third party source (ie. c agency) who can attest first-hand to the extenuating circumsta much information about the situation as possible.	
Request for renewal for previously approved dependency appeal at the University of Akron:	
A new, signed statement indicating your relationship status wit	h your biological/adoptive parents.
Section B: Financial Documentation. ALL documentation is required before	your request can be reviewed.
Your 2017 Federal Tax Return Transcript or successful use of th	e IRS Data Retrieval Tool (See www.uakron.edu/finaid/taxinfo for guidance)
Your 2017 W2(s) - only submit if you were not required to file a	2017 federal tax return with the IRS
	t how you are supported (expenses such as phone, medical, car, at that you did not/were not required to file a tax return in 2017.
Section C: Other people. Are you providing/will you provide more than	50% of the support for anyone else from 7/1/19 - 6/30/20?
No. Yes. Indicate name(s), age(s), and relationship(s) to you:	
Section D: Certification:	
I certify that all of the information reported is complete and accurate. Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. Electronic signatures will not be accepted.	
Student signature:	Date:

When all required documents have been gathered, you may submit your information by: a) mail to the address below; b) fax to 330-972-7139; c) upload via the Upload Tool in the Student Center of MyAkron (under "Finances"); or d) deliver to the Office of Student Financial Aid, 2nd Floor, Simmons Hall. *Please note:* Your request may not be approved nor result in an increase of your financial aid eligibility. You will be notified of the result of your request via email sent to your official UA email address. Watch for two-sided documents. Be sure to include both sides when faxing. Do not email any documents with personally identifiable information.