



**MIRACOSTA COLLEGE  
FINANCIAL AID OFFICE  
2016-2017 DEPENDENCY OVERRIDE - RENEWAL**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

City/State                      Zip Code                      Area Code                      Telephone Number

To **renew** your petition for Independent Status for federal financial aid, please explain if there have been any changes to your status and whether or not you are able to obtain your parent's information for the Free Application for Federal Student Aid (FAFSA):

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This information will be reviewed by the Director of Financial Aid. If additional information is needed, you will be contacted. An appointment with the Director may be required.

I certify that this statement is true and correct to the best of my knowledge.

Student' Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only			
Approved _____	Pending _____	Denied _____	Signature/Date _____

