

Change of Dependency Status

PART 1 OF 3

TO BE COMPLETED BY THE STUDENT:

Deadline: Complete packet must be submitted no later than **Friday, May 4, 2018**. Incomplete packet or forms received after the deadline will not be processed.

STUDENT'S FIRST NAME _____ STUDENT'S LAST NAME _____ MI _____

MAILING ADDRESS (number and street) _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

FATHER'S NAME _____

FATHER'S CURRENT MAILING ADDRESS (number and street) _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

MOTHER'S NAME _____

MOTHER'S CURRENT MAILING ADDRESS (number and street) _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

When was the last time you lived with your parent(s)? Month/Year: _____

When did your parent(s) last provide and form of support? Month/Year: _____

When was the last year you were claimed on your parent's tax returns? Year: _____

Student Income Information:

List your total income (taxable and non-taxable) for the following year:

Sources of Income for 2015	\$
Financial Aid	\$
Income Earned from Work	\$
Other	\$
Total	\$

Please briefly explain how you have been supporting yourself and your current living situation.

Student Signature _____ Date _____

Attn: Original forms must be submitted in person with a valid photo ID

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PART 2 OF 3

Please provide a **detailed explanation** of your **special circumstances** and **why you are unable to provide your parent(s) information on the 2017-2018 FAFSA** (Free Application for Federal Student Aid) and/or for the verification purposes. Attach legal or medical documents, if necessary, to support your explanation.

Attach additional sheets, if needed.

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

Student Signature _____ Date _____

Attn: Original forms must be submitted in person with a valid photo ID

PART 3 OF 3

To the STUDENT: Please forward this form to a **Third Party Professional** who has knowledge of you, your parent(s) and your family situation. (A professional includes, but is not limited to, a High School Counselor/Teacher/Official, Physician, Psychiatrist, Clergyman, Priest, Social Worker, etc.). **NOTE: Friends or family member are NOT considered Third 3rd Party Professional, and may not submit information on your behalf unless requested by the Enrollment Services Office.**

To the PROFESSIONAL (3rd Party): The student named above has applied for Financial Aid at The College of Marin. The student has indicated on their 2017-2018 FAFSA (Free Application for Federal Student Aid) that **he/she is unable to provide parental information** because of **special circumstances** regarding their family and living situation.

Please provide a written statement **describing your knowledge of the student's family history and relationship with his or her parents.** Include the following information on a separate sheet (official/business letterhead preferred).

1. How long have you known the student?
2. What is your relationship to the student?
3. Why do you believe that the student is unable to provide parental information in the FAFSA?
4. What is the most recent date to the best of your knowledge, the student lived with or received support from their parent(s)?
5. Why do you believe the student should be considered independent?
6. Provide your full name and current contact information.
7. Sign and date your statement.

All information provided will remain **confidential** and will be used by a college Financial Aid Administrator to help determine the student's Dependency Status Federal Title IV Financial Aid eligibility.

Provide your written (3rd Party) statement to the student for submittal along with their 2 Change in Dependency Status Request Forms.

Sincerely,

College of Marin - Office of Enrollment Services
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