

Federal Unusual Circumstance Request form for 2023-2024

Date: _	Student ID:			
	nt Name:			
depende family State TA	s who do not meet the statutory definition for it ency override. To be considered independent the circumstances. Please note that this form canno AP grant. This must be done separately through Hatory requirements for independent status, you mu	student must be able to document t be used to request independence IESC in Albany as the criteria are a	unusual or extenuating status for the New York different. Until you meet	
	r students who were previously granted a dependentlege. This includes submitting all required docur		st be approved at Russell	
renewed	ng Russell Sage College students who were grand need not supply additional copies of the third plannually including an updated statement as to the	party documentation. However, all	other documentation is	
Return	ing students complete this section:			
	Check here if you were granted independent status for the 2022-2023 academic year at Russell Sage College Check here if your situation has not changed and you are again requesting independent status for 2023-2024 (submit a written statement explaining the status of your situation - Section A and complete the questions in Section B)			
	Check here if you are now living with or reconciled with your parents. (In this case you need to complete the FAFSA with their information)			
All Stu	dents Required Documentation:			
A	Extenuating Circumstances:			
11.	 Indicate the month and year you Please submit, on a separate household and the extent of the 	piece of paper, the reason(s) that e contact you have with both your atte where and with whom you are cu	at you left your parents mother and father at this	
В.	Student Information:			
	2022 federal tax transcripts, staxable and non-taxable incom 2021- \$ Source _ 2022 -\$ Source _ • Where did you live in: (please 2021: with parent	circle appropriate response) with relatives/guardian	forms, etc. Include both	
	2022: with parent 2023: with parent	with relatives/guardian with relatives/guardian	on your own on your own	

C. Supporting Documentation (for new requests only):

- Submit at least two (2) letters from reliable third parties who can support and verify your circumstances. The parties writing on your behalf must have first-hand knowledge of your situation and describe it fully. (Reliable third parties may include, but are not limited to counselors, members of the clergy, social workers, teacher, attorney, etc)
- Any other documentation you would like to submit to support your request. (Examples include police reports, court papers, etc)

Please Note: Federal guidelines regarding dependency overrides clearly indicate the following situations do not qualify as extenuating circumstances and therefore would not result in a dependency override.

- 1. Parents refusing to contribute to the student's education.
- 2. Parents unwilling to provide information on the application or for verification.
- 3. Parents not claiming the student as a dependent for income tax purposes.
- 4. Student demonstrating total self-sufficiency.
- 5. Parents reside in a different state or country.
- 6. Situations within your control (ex. Parents did not like the person you were dating so you moved out)

Based on the documentation you submit, the Appeals Committee will make a decision regarding your status. The federal government has left the final decision on independence to financial aid personnel at each college. You have the burden to prove your independence and that it was either beyond your control or in the best interest of your physical and/or psychological well-being to leave your parent's household.

If you have any questions regarding this form, or would like to speak with a financial aid counselor about your situation, please contact our office at (518) 244-4525 (Troy) or (518) 292-1783 (Albany).

You will be notified by the financial aid office once a decision has been made or with any further instruction if necessary.

All students must sign the certification below:

I certify that the information provided is true and accurate to the best of my knowledge. I consent to the verification by Russell Sage College, of any statement made herein. I also understand that the decision of the committee is final.

Student Signature	Date
Return I	Form To:
Russell Sage College	Russell Sage College
Financial Aid Office	Financial Aid Office
65 First Street	140 New Scotland Avenue
Troy, NY 12180	Albany, NY 12208
Fax: (518) 244-2460	Fax: (518) 292-7701

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