Student Name: _____

Banner ID#: 800_____

Email: _____

Telephone: (____) _____

2023/24 – I12

SUNY BROCKPORT
Financial Aid Office

Dependency Override Update Request

You were granted a dependency override in a previous academic year. If you intend to file a 2023-24 FAFSA, please indicate below if your situation remains the same or if there have been any changes in your relationship with your parent(s). Please return this statement and any documentation to our office.

Thank you.

Sincerely,

Financial Aid Office

Please use reverse side if necessary and/or attach any additional documentation you may feel is appropriate.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Student Signature: _____ Date: _____

OVERRIDE UPDATED IN BANNER AND J03 PLACED ON SYSTEM

Advisor Signature: _____ Date: _____

I12 (11/18/2022)

SUNY Brockport • 350 New Campus Drive • Brockport, New York 14420-2937
(585) 395-2501 • FAX (585) 395-5445 • email: faid@brockport.edu • www.brockport.edu