University of Texas at Arlington
Office of Financial Aid

2023-2024
Reference Form for Student’s Dependency Change Request (DCR)

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>UTA ID:</th>
</tr>
</thead>
</table>

The student named above does not currently meet the federal definition of an independent student for financial aid purposes requiring his/her parental information for financial aid eligibility determination. The student believes his/her situation is unusual and is requesting consideration of a dependency override to exclude his/her parental information from the application. Your name has been provided as a person who is aware of the student’s unusual situation and relationship with the parents and can share your insight of the situation for our review and consideration.

1. Complete the following:
   - Printed Name: ____________________________________________
   - Profession: ______________________________________________
   - Business Address: _________________________________________
   - Business Phone Number: ____________________________ Personal Phone Number: ____________________________
   - How long have you known the student? ________________________
   - What is the nature of your relationship with the student? ______________________________________________________
   - Do you have first-hand knowledge of the student’s situation and relationship with his/her parents?  ☐ YES ☐ NO

2. Attach a typed, signed, and dated statement explaining your relationship with the student, your knowledge of the student’s situation and relationship with his/her parents, and any additional information you believe would be helpful in our review of the student’s request for a dependency change for federal financial aid eligibility purposes.

Certification and Signature
Signature must be hand-written and not typed or forged

I have attached the required statement with this form as indicated above. I certify by my signature below that the information I have provided is accurate and includes my true understanding and assessment of the student’s situation and relationship with his/her parents.

Signature of Reference (required) ____________________________ Date ______________

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.