



Office Use Only

2024-2025 Reference for Unusual Circumstance Form– Dependency Status

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555
Mail: PO Box 19199, Arlington, TX 76019 Email: fao@uta.edu
PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

Student's Name:	UTA ID:
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The student named above is requesting special consideration by our office of his/her circumstance which, if approved, could exclude his/her parental information from the Free Application for Federal Student Aid (FAFSA) for the determination of student aid eligibility. Your name has been provided as a person who has first-hand knowledge of the student's circumstance as well as the relationship the student has with his/her parents and would be willing to share your insight of the situation for review and consideration by the UTA Financial Aid Office.

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.

Certification and Signature of Reference

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

Reference's Handwritten Signature (required)	Date
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WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.