

2016-2017 REQUEST TO CONSIDER STUDENT INDEPENDENT FORM

STUDENT'S NAME:			EMPID#				
recons accept	sideration of you	r financial aid package for the 2 ed on the basis of extenuating	t to assist you with an oppo 016-2017 academic year. Recon circumstances. <u>All</u> of the follow	sideration forms are			
	2016-2017 proce	essed FAFSA must be on file in	our system				
	Letter explainin	ng extenuating circumstance(s)					
	2016-2017 Requ	est to consider student indepen	dent form				
	2016-2017 Independent Verification Worksheet						
	Student's 2015 IRS Tax Transcript and W2(s)						
	\Box Letters/reports from knowledgeable third parties (e.g., counselors, teachers, doctor, clergy, so						
	worker, police r	report)					
	Lease and /or re	ent receipt or other documentat	ion of living arrangements				
	Court documen	ts					
	Death Certificat	te(s)					
	Utility bills						
	Health insurance	ce policy					
<u>CERT</u>	<u>IFICATION:</u>		ion/documentation is accurate to the misleading information can jeopard				

Student Si	gnature		