



FLORIDA STATE UNIVERSITY
Office of Financial Aid

2021-2022 Dependency Override Renewal (FADOAR)

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Phone with Area Code	Date of Birth	EMPLID	

FAFSA Application Status

Already Completed

Not Completed

Certification

My signature below indicates the information on this form and the supporting documents are true and accurate to the best of my knowledge. I have read each section and provided the appropriate, required documentation. I realize that if I do not provide supporting documentation, **no further action will be taken on this request by the Office of Financial Aid.**

Personal Notarized Statement

We require that you write a personal statement that includes your name, the current date, a summary of the events leading to your previously approved dependency override, a description of your current status, and your signature. **This document must be notarized!**

NOTE: The Office of Financial Aid may request additional information from you if you are selected for verification. Please monitor your To Do List for updates.

Signature

Date

For Office Use Only

Approved

Denied

Cancelled

Florida State University's Use of Social Security Number policy is available at
http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/
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 Phone: 850-644-0539 | Fax: 850-644-6404 | Email: OFACS@fsu.edu
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