



FLORIDA STATE UNIVERSITY
Office of Financial Aid

2023–2024 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.**

Signature

Date

For Office Use Only

Approved Denied Cancelled

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

Signed: _____

State of _____

County _____

The forgoing instrument was acknowledged before me on this _____ by
_____ (Name of person acknowledged)

Notary Seal

_____ Signature of Notary