



## 2017-2018 Request for Review of Dependency

STUDENT NAME: \_\_\_\_\_ OSU ID: \_\_\_\_\_

### INSTRUCTIONS

If you have extenuating circumstances that you feel warrant a review of your dependency status, you may appeal to be considered independent for financial aid purposes.

**NOTE:** You may NOT appeal to be considered independent because your parent(s) refuse to contribute towards your education, are unwilling to provide information on the FAFSA or for verification, do not claim you as a dependent for income tax purposes or do not financially support you.

**Provide a clear and concise explanation of your extenuating circumstances. The statement must be signed and dated. The statement must include:**

- Your relationship with your biological and/or legally adopted parent.
- Specific dates of events that caused the separation from parent(s).

**In addition:**

- Documentation must be provided supporting the extenuating circumstances. This could include written statements from clergy, counselors and/or social workers, police reports, and/or court documents.

### BUCKEYE LINK STAFF MEMBER / FINANCIAL AID STAFF SIGNATURE

This appeal requires initial contact with Buckeye Link, 281 W. Lane Ave., and the appropriate staff signature. **Appeals received without the appropriate signature below will be delayed and will not be reviewed until contact is made with Buckeye Link** at 614-292-0300 or 1-800-678-6440 (outside of the 614 area code).

If the student plans to attend a regional campus or the Agricultural Technical Institute (ATI), **contact the financial aid administrator at the appropriate campus.** The telephone numbers are: Lima, 419-995-8147; Mansfield, 419-755-4317; Marion 740-725-6389, Newark 740-366-9364 and ATI at Wooster, 330-287-1214.

\_\_\_\_\_  
Buckeye Link Staff Member / Financial Aid Staff Signature

\_\_\_\_\_  
Date

### EXPLANATION

**To return this form:**

Students may upload all forms and documents to the Secure Document Uploader: [sfa.osu.edu](http://sfa.osu.edu) | Fax to: 614-292-9264  
Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300





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**CHECKLIST**

**Please verify the following steps have been completed before submitting:**

I have included my personal statement explaining my circumstances.

I have attached documentation supporting the extenuating circumstances.

All sections of this form are completed fully and there are no blank fields.

**CERTIFICATION STATEMENT**

By signing you are certifying that all the information reported on this form is complete and correct.

**PLEASE DO NOT SIGN ELECTRONICALLY.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

F7DSAP

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