



2026-27 Dependency Status Override Appeal (DSOA)

Middletown Campus

173 Skirmisher Lane | Middletown, VA 22645

Fauquier Campus

6480 College Street | Warrenton, VA 20187

Phone: 540-868-7130 | **Fax:** 540-868-7274

Email: finaid@laurelridge.edu

All the documents listed below must be submitted before an appeal can be reviewed. Once submitted, please allow 2 weeks for the appeal to be processed.

You will be notified of the Appeal decision via your Messages in SIS. The Financial Aid Office may request additional information from you via your Messages or College email before making a decision.

To learn more about the DSOA process and documentation needed go to:

laurelridge.edu/faforms → Special Circumstances → Dependency Status Override Appeal

Documents Needed for a DSOA

- ☐ **Complete a 2026-27 FAFSA:** At studentaid.gov without parental information, then sign and submit it with the FSA ID. Our school code is 008659.
- ☐ **Completion of this Appeal Form**—Pages 1 & 2
- ☐ **Provide 2024 Tax Return Transcript:** Order transcripts at www.irs.gov/transcripts. If no tax return was filed, you must order a Verification of Non-filing Letter from the IRS.
- ☐ **Provide 2024 W-2s:** And all schedules (*if applicable*)
- ☐ **Personal Statement Regarding Special Circumstances:**

On a separate sheet of paper, clearly explain the circumstances indicating the relationship with both biological mother and father. Please include the date, location, and reason for your last contact with your parent(s).

- ☐ **Personal Source Statement:**

Please provide a letter (1) explaining the student's relations with their biological/adopted parent(s). By submitting a letter, they are certifying that the information is true and correct and understand that they may be contacted for additional information as needed.

Letters should include:

- ☐ Contact Information: Full Name, Telephone Number, Address
- ☐ How long they have known the student
- ☐ What their relationship to the student is
- ☐ Whom the student resides with
- ☐ Signed and dated

- ☐ **Unbiased Third-Party Statement(s):**

Provide a statement from an individual, other than your parent(s) or other family member(s), who can confirm your statement. The written statement is required for both parents, one written statement from a third-party professional that documents the student's special situation as they relate to both parents is acceptable or 2 statements, one for each parent.

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A. Student Information

Student's Name (Last, First, M.I.) _____

Student ID - **REQUIRED**

B. Parent Information

Parent 1 Name: _____

Parent 2 Name: _____

When did you last live with your parents? Month: _____ Year: _____

When did you last receive financial support from your parent(s)? Month: _____ Year: _____

Who do you live with at the present time? Name & relationship to you: _____

Current Expenses:

Estimate your current monthly expenses below and how they are covered

Expenses	Monthly Cost	Who Pays or Provides
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical/ Insurance	\$	
Personal	\$	

Current Income:

Types of income are listed in the first column.

Type of Income	Monthly Income	Source
Wages	\$	
Interest	\$	
Dividends	\$	
Untaxed Income	\$	
Cash Support	\$	
Other	\$	

Student Certification: Read carefully, sign, and date.

I hereby certify that all information contained in this appeal, including my personal statement and other documentation, is true and complete to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I knowingly or intentionally give false or fraudulent statements and/or documentation, my request could be denied, my eligibility for financial aid could be jeopardized, and I could be fined up to \$20,000 and/or sent to prison.

Student's Signature _____

Date _____

Office Use Only

Appeal: ☐ Granted ☐ Not Granted

Notified: Y N

New SAI: _____

Justification:

FAO Signature: _____

Date: _____