



Dependency Override Third Party Statement Form

This form should be completed and submitted with the student's Dependency Override Request.

Student Name: _____ **CPCC ID Number:** _____

This section is to be completed by the third party giving the statement:

Name: _____

How long have you known the student? _____

Relationship to the Student: _____

Contact Telephone Number: _____

Describe what you have observed regarding the circumstances leading up to the student's estrangement from his/her parents, the duration and whether or not he/she currently has contact with either of them.

If you need additional space, use the back of this form or attach additional page(s).

Please have this form notarized below.

Signature: _____ **Date:** _____

Notary Public's Affidavit:

State of _____ City/County of _____

On _____, before me, _____, personally appeared,
(Date) (Printed Notary's Name)

_____, and provided to me on basis of satisfactory evidence of identification,
(Printed name of signer)

_____, to be the above-named person who signed the foregoing instrument.
(Type & number of valid photo ID provided)

WITNESS my hand and official seal
(seal)

Signature of Notary: _____

My commission expires on: _____

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6240 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.