

# Dependency Override Third Party Statement Form

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

**Student Name:** \_\_\_\_\_ **CPC ID Number:** \_\_\_\_\_

**This section is to be completed by the third party and should reference biological/adoptive parents.**

Your name: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Your relationship to the student: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

When was the last time the student had contact with his/her mother? \_\_\_\_\_

When was the last time the student had contact with his/her father? \_\_\_\_\_

Is the student able to contact either parent by normal means (in person, phone, email, mail, etc.)?

**Father:** Yes  No  Don't Know  **Mother:** Yes  No  Don't Know

In your opinion, would it be detrimental to the student's wellbeing to have contact with either parent? Why?  
Please address the situation with *each* parent in your statement below. Attach additional page(s) if needed.

**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.