CENTRAL PIEDMONT
COMMUNITY COLLEGE

Dependency Override Third Party Statement Form (2025-26)

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

Student Information (Please Print)

Student Name:

Student ID Number:

Third Party Information

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

Your Name:

Your relationship to the student:

How long have you known 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 well being to have contact with either parent? Why?

Please address the situation with each parent in your statement. Attach additional page(s) if needed:

Signature and Notary

Signature: _____ Date:

State of: City/County of

I, Notary Public, do herby certify that

(name of individual(s) whose acknowledgment is being taken) personally appeared before me this day and acknowledged and the due execution of the foregoing instrument.

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Witness my hand and Official Seal

Signature of Notary: _____

My commission expires on: _____