

Dependency Override Third Party Statement Form (2026-27)

Warning: As per federal regulations, 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

Unsure

MOTHER: Yes

No

Unsure

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

Third-party Signature: _____

Date: _____

State of:

City/County of:

I,

Notary Public, do hereby 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.

Witness my hand and Official Seal

Signature of Notary: _____

My commission expires on: _____