



## 2023-2024 Unusual Circumstance

Student Name: \_\_\_\_\_ ICC Student ID: \_\_\_\_\_

This is your request for a dependency status override by the Director of Financial Aid due to unusual circumstances. Completing this form does not in any way ensure that the request will be approved, and the decision by the Director of Financial Aid is final and cannot be appealed. **\*Being self-supporting or refusing to provide parent information does not qualify as an unusual circumstance.**

Please provide DCFS documentation, court documents, or other related documentation to support your unusual circumstance.

Please answer ALL the questions below and provide documentation to support your answers. If additional space is needed, please attach another sheet with the student's name and ID number at the top.

1. Identify the location of both of your parents:

2. Describe the last time you had contact with each of your parents - when, where, and the nature and outcome of the contact:

3. Explain what unusual circumstance makes you an independent student:

4. Attach testimonials from three responsible adults who are aware of your situation. At least two statements should be from third-party professional persons (e.g., clergy, high school counselor, personal counselor). Copies of appropriate court documents are acceptable to support your petition.

I have attached a statement from the following persons:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

I certify that all the information provided above is true and complete.

**FEDERAL WARNING: If you purposely give false or misleading information on this form; you may be fined, be sentenced to jail, or both.**

Print Student Name: \_\_\_\_\_ ICC Student ID: \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

It is the policy of this College that no person, on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, or veteran's status, shall be discriminated against in employment, in educational programs and activities, or in admission. Inquiries and complaints may be addressed to the Compliance Officer, Diversity Department.