



# 2022-2023 Request for Institutional Dependency Change Request

## SECTION A: STUDENT INFORMATION

Name: TVIN or SSN:

Student Financial Aid and Scholarships has the authority, through [Section 480\(d\)\(7\) of the Higher Education Act](#), to change a student's status from dependent to independent in cases involving unusual circumstances.

We will review your file for a Dependency Change in cases of abuse, abandonment, or neglect. If your situation falls under one of these reasons, complete the Institutional Dependency Change Request Form and follow the instructions.

We cannot process a dependency override for any of the following reasons:

- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the application or for verification;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency.

**Please be advised that the submission of this form does not guarantee any changes to your financial aid awards. To secure a class schedule, the student must ensure tuition is paid in full and be enrolled in a minimum of six (6) credit hours. Failure to submit all required documentation will result in automatic denial of this form.**

- ✓ Ensure the form is completed, proof of income is attached, and return to our office.
- ✓ You must provide 3 separate references, two of these references must be Professional in nature (i.e. School Administration, Pastoral, Supervisor, Counselor, etc.) and one a Character Reference (i.e. friend, family member, co-worker, etc.). Please forward the attached Institutional Dependency Change Request Reference form to your reference to be completed.
- ✓ Have your reference complete the reference form and return to TVCC on your behalf.
- ✓ **Allow 6-8 weeks for our office to review your form. Student will be notified by email when review is complete.**

## SECTION B: CERTIFICATION

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature

Date

**Return this completed form with any required documentation to:**

Trinity Valley Community College - 100 Cardinal Drive, Athens, TX 75751,  
fax to (903) 675-6345 or upload your forms to our secure inbox by following this link,  
[https://webapps.tvcc.edu/Jotforms/JF\\_FA\\_FormUpload/](https://webapps.tvcc.edu/Jotforms/JF_FA_FormUpload/).



# Institutional Dependency Change Request Reference

Student Name \_\_\_\_\_ SSN\College ID \_\_\_\_\_

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

Are you related to the student? \_\_\_\_\_ If so, relationship? \_\_\_\_\_

With whom does the student reside? \_\_\_\_\_

To your knowledge, has/will anyone, other than student's spouse, claimed the student as an income tax exemption for the following years:

**2021**  Yes  No Who (Name-Relationship to student)? \_\_\_\_\_

**2022**  Yes  No Who (Name-Relationship to student)? \_\_\_\_\_

Please explain briefly what you know to be the student's situation. If you need more space to explain, please attach a letter or use the back of this form.

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**I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.**

**Warning: If you purposely give false or misleading information, you may be fined, sent to prison or both.**

Name of Reference (please print) \_\_\_\_\_ Title/Relationship to Student \_\_\_\_\_

Signature \_\_\_\_\_ Day Telephone (\_\_\_\_\_) \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Best time to be reached \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date \_\_\_\_\_

**Person providing this reference must return completed form and any documentation to:**

TVCC Financial Aid Office  
100 Cardinal Drive  
Athens, TX 75751  
shelley.jones@tvcc.edu

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