Student Selected on their FAFSA Unusual Circumstances 2026-2027



Student's Name:	HC ID# or last 4# of SSN:
prevent you from providing parent information on t	ve indicated that you have unusual circumstances that the Fee Application for Federal Student Aid (FAFSA). To ase complete this form. Your Financial Aid Counselor will
By federal law, the following conditions do not war	rant a dependency override:
 Parents refuse to provide information on the Parents do not claim student as dependen Parent unwilling or unable to contribute to Student demonstrates self-sufficiency Student does not wish to communicate with 	t for income tax purposes student's education
STUDENT STATEMENT	
	with BOTH of your parents (biological or adoptive) and the their information on your FAFSA. Attach additional page if tial.
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After Hastings College receives your statement a Financial Aid Counselor will contact you to possibly request detailed statements from at least three individuals who have knowledge of your situation and can verify your circumstances. Examples include case worker, attorney, advocate, clergy member, counselor, etc.

By signing below, you agree to provide additional information and documentation as may be requested by the appeals committee. You certify that all information contained on this form and in the supporting documentation is true and correct to the best of your knowledge. Purposely providing false or misleading information can result in fines, imprisonment or both.

*All signatures must be physical signatures; digital	l and typed si	gnatures will not be accepted.
Student Signature	Date	Phone number
Hastings College Office of Financial Aid, C Last Names A-L: Marissa Patterson: 402-461- Email: he		lames M-Z: Donna Willnerd: 402-461-7435