



Minneapolis College is an equal opportunity educator and employer. This document is available in alternative formats to individuals with disabilities by calling Accessibility Resource Center at 612-659-6730 or by emailing accessibility@minneapolis.edu.

Student Name _____

Tech ID _____

You have indicated that the FAFSA’s determination of your status as a dependent student may not be accurate. In order to request your status be changed to independent for this FAFSA year please provide the following information. **Please make sure** that each item is signed and includes your name and Minneapolis College student ID.

1. Please provide a typed, signed personal statement that explains the following:
 - Explain in detail your relationship to each biological/adoptive parent, and why parental information cannot be provided on your FAFSA.
 - Do you maintain regular contact with your parent(s) and when was the last time you spoke?
 - If not with your parent(s) please explain your current living arrangements.
 - Explain how you are supported financially.
2. Please provide a typed, signed statement on letterhead from a third party professional* with personal knowledge of your situation that includes the following:
 - Details regarding how this individual knows you, for how long and how they have been involved and/or have first-hand knowledge of your situation with each parent.
 - The individual’s name, title and signature.

*Third party professionals may include a counselor, teacher, physician, lawyer, social worker, religious or spiritual leader, etc. If you are unable to obtain a statement from a third party professional, you may include **two** statements from other third parties (for example; relative, family friend, etc.) that explain each detail above.

3. (Optional) Include any documentation you feel comfortable providing that may help certify your status as independent from your parent(s) (for example; court/legal documentation, educational records, immigration documentation, etc.). Please note that we may request additional documentation from you after review of this request.

Please be sure each of the above items is included along with this form. Incomplete requests will not be considered. All Requests for Independent Status are reviewed by committee, and you will receive feedback regarding the status of your request within three weeks of submission.

By signing, I attest that all information provided is complete and accurate. I acknowledge that knowingly submitting false or misleading information or documentation could result in a fine, imprisonment or both.

Student Signature _____

Date _____

Submit this form to Student Services T.2100

For office use only:

Date of Determination: _____

Appeal is: Approved / Denied / Pending

Determination Criteria: _____
