



# Dependency Override Third Party Statement Form

This form should be completed and submitted with the student's Dependency Override Request.

**Student Name:** \_\_\_\_\_ **EOU SID Number:** \_\_\_\_\_

This section is to be completed by the third party giving the statement:

Name: \_\_\_\_\_

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

Relationship to the Student: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

**Describe what you have observed regarding the circumstances leading up to the student's estrangement from his/her parents, the duration and whether or not he/she currently has contact with either of them.**

If you need additional space, use the back of this form or attach additional page(s).

Please have this form notarized below. Sign only in Notary's presence.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notary Public's Affidavit:**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared,  
(Date) (Printed Notary's Name)

\_\_\_\_\_, and provided to me on basis of satisfactory evidence of identification,  
(Printed name of signer)

\_\_\_\_\_, to be the above-named person who signed the foregoing instrument.  
(Type & number of valid photo ID provided)

**WITNESS my hand and official seal**  
(seal)

Signature of Notary: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

**WARNING: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.**

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