Finger Lakes Community College understands that, under certain conditions, students not meeting the federal definition for independence, may be independent. This form will help us to evaluate your situation. Complete the back of this form and indicate why you should file as an independent student. Students who use this form to request an independence override must supply complete documentation before the review can be held.

**Required Documentation**

At least ONE letter from a third party professional (counselor, teacher, attorney, etc.) on official letterhead.

- Must be familiar with your situation
- Must explain your situation in detail
- Must be on official letterhead
- State the reason for the unusual circumstance

AND

At least TWO letters from individuals who know your situation.

- Must be familiar with your situation
- Must explain your situation in detail
- State the reason for the unusual circumstance
- State their relationship to you in a signed letter

Documentation of the circumstances involved is required and must be attached to this request.

**Important!**

The fact that a student is supporting themselves alone is not grounds for an independence override. A student must be able to provide documentation showing unusual circumstances.
REQUEST FOR INDEPENDENCE REVIEW  
2013-2014

_____________________________________________                           ________________________________________
NAME                                               SOCIAL SECURITY NUMBER or STUDENT ID
_____________________________________________                           ________________________________________
ADDRESS                                                                 TELEPHONE

Please write a statement explaining why you should be allowed to file as an independent student. Make sure to include the date you left your parents’ home, reason why you left, how you have been supporting yourself since leaving and how you plan to support yourself while attending Finger Lakes Community College.

_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

I attest that the statement and documents attached to this form are the truth.

_____________________________________________________                                ________________________________________
SIGNATURE                                               DATE

Mail to: Financial Aid Office • 3325 Marvin Sands Drive • Canandaigua, NY 14424
Fax: 585-394-0635 Email: aid@flcc.edu

If submitting in person, please go to the One Stop Center.

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