



FLORIDA STATE UNIVERSITY  
Office of Financial Aid

## 2022–2023 Dependency Override Renewal (FADOAR)

|                      |               |             |          |
|----------------------|---------------|-------------|----------|
| Last Name            | First Name    | Middle Name |          |
| Street Address       | City          | State       | Zip Code |
| Phone with Area Code | Date of Birth | EMPLID      |          |

### FAFSA Application Status

Already Completed   
Not Completed

### Certification

My signature below indicates the information on this form and the supporting documents are true and accurate to the best of my knowledge. I have read each section and provided the appropriate, required documentation. I realize that if I do not provide supporting documentation, **no further action will be taken on this request by the Office of Financial Aid.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

#### For Office Use Only

Approved  Denied  Cancelled

NOTE: The Office of Financial Aid may request additional information from you if you are selected for verification. Please monitor your To Do List for updates



Florida State University's Use of Social Security Number policy is available at [http://registrar.fsu.edu/bulletin/undergraduate/information/university\\_notices/](http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/)  
282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306  
Phone: 850-644-0539 Fax: 850-644-6404 Email: [OFACS@fsu.edu](mailto:OFACS@fsu.edu)  
[www.financialaid.fsu.edu](http://www.financialaid.fsu.edu)