



FLORIDA STATE UNIVERSITY  
Office of Financial Aid

## 2023–2024 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

Personal Notarized Statement

We require that you write a personal statement that includes your name, the current date, a summary of the events leading to your previously approved dependency override, a description of your current status, and your signature. This document must be notarized!

Lined writing area consisting of 24 horizontal lines.

Signed: \_\_\_\_\_

State of \_\_\_\_\_

County \_\_\_\_\_

The forgoing instrument was acknowledged before me on this \_\_\_\_\_ by  
\_\_\_\_\_ (Name of person acknowledged)

Notary Seal

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