



**Return to:** Rowan-Cabarrus Community College –Financial Aid Office  
1531 Trinity Church Rd. Concord, NC 28027  
**EMAIL:** [fin.aid@rccc.edu](mailto:fin.aid@rccc.edu) **FAX:** 704-216-0940

## Dependency Override Renewal Form

### Student Information:

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|      |                   |               |
|------|-------------------|---------------|
| Name | RCCC Student ID # | Date of birth |
|------|-------------------|---------------|

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|-----------------|---------|
| Mailing Address | Phone # |
|-----------------|---------|

If you have a previously approved dependency override on file with Rowan-Cabarrus Community College and your circumstances surrounding your previously approved dependency status has not changed, you must complete this form to request a continuation of your independent status for a new award year.

I am requesting consideration for a renewal Dependency Override at Rowan-Cabarrus Community College. I certify that my family situation remains the same as the previous year. I request to be considered as an independent student for financial aid purposes. I understand that I must sign and return this form for my financial aid to be processed.

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Student Signature

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Date

*WARNING: If you purposely give false or misleading information, you may be fined, sent to prison or both.*