



Office Use Only

2026-2027 Unusual Circumstance Reference Form – Dependency Status

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555
Mail: PO Box 19199, Arlington, TX 76019 Email: faorecords@uta.edu
PLEASE ONLY SUBMIT DOCUMENTATION FROM YOUR UTA EMAIL

Student's Name:

UTA ID:

The student named above is requesting special consideration of his/her circumstance which, if approved, could exclude his/her parental information from the Free Application for Federal Student Aid (FAFSA) for the determination of student aid eligibility. Your name has been provided as a someone who has first-hand knowledge of the circumstance including the student's relationship with his/her parents and would be willing to share your insights of the situation as detailed below for review and consideration by the UTA Financial Aid Office.

1. Complete the following:

Printed Name: _____

Profession: _____

Business Address: _____

Business Phone Number: _____ Personal Phone Number: _____

How long have you known the student? _____

What is the nature of your relationship with the student? _____

Do you have first-hand knowledge of the student's situation and relationship with his/her parents? ☐ YES ☐ NO

2. Attach a typed, signed, and dated statement explaining your relationship with the student, your knowledge of the student's situation and relationship with his/her parents, and any additional information you believe would be helpful in our review of the student's request.

Certification and Signature of Reference

I have attached the required statement with this form as described above. I certify by my signature below that the information I have provided on this form and included in the attached statement is accurate and includes my true understanding and assessment of the student's situation and relationship with his/her parents.

Reference's Handwritten Signature (required)

Date

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