



2026-2027 Dependency Override Renewal

Student Name: _____
(Last, First, MI)

Student ID: _____

Please follow the steps below to be considered for a renewal Dependency Override. Your application will not be reviewed unless **all** requirements are met.

1. Complete the certification below.
2. Complete a paper Free Application for Federal Student Aid (FAFSA), if not already submitted.
3. Return all documents to our office.

I am requesting consideration for a renewal Dependency Override at the University of Texas Permian Basin. 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 agree to provide any additional documentation requested by the University of Texas Permian Basin. I understand that I must sign and return this form and any additional documentation for my financial aid to be processed. **Electronic signatures are not accepted.**

Signature: _____

Date: _____

Return this completed form with any required documentation to:

Office of Student Financial Aid & Scholarships,

University of Texas at Permian Basin, 4901 E. University Blvd. Odessa, TX 79762

Fax to (432) 552-2621 or save and attach as PDF and Email to verification@utpb.edu