

**Return to:** Rowan-Cabarrus Community College –Financial Aid Office 1531 Trinity Church Rd. Concord, NC 28027

EMAIL: fin.aid@rccc.edu FAX: 704-216-0940

## **Dependency Override Renewal Form**

| Name                      | RCCC Student ID #   | Date of birth                     |
|---------------------------|---|-----------------------------------|
| Mailing Address           |   | Phone #                           |
| and your circumstances    | approved dependency override on file with Roves surrounding your previously approved dependent to request a continuation of your independent  | lency status has not changed, you |
| College. I certify that n | leration for a renewal Dependency Override at<br>ny family situation remains the same as the propendent student for financial aid purposes. It<br>of financial aid to be processed. | revious year. I request to be     |
| *Electronic Signatures o  | are not accepted.   |                                   |
|                           |   |                                   |