

Professional Judgment Authorization Form

Date: _____ School Location: _____ Student Start Date: _____

Student Name: _____ Student SS#: XXX-XX-_____

The attached documentation is submitted for approval of changes to the initial FAFSA application or Processed ISIR: (Check all that are applicable)-

A letter from both the Student AND Financial Aid staff are required for all requests

Professional Judgment for a Dependency Override

- _____ Veteran Override—attach a copy of the students DD-214 form
- _____ Two year's student's taxes and/or parent's taxes
- _____ Letter of "request" from student explaining in detail their circumstances
- _____ Letter from third party (Clergy, Counselor, teacher, etc.)
- _____ Misc. information i.e. lease/mortgage, utility bills in students name
- _____ Letter from the Financial Aid representative—detailing the basis for consideration

Professional Judgment due to loss of income, excessive medical bills, divorce, etc.

(Must have page 2 completed and attached)

- _____ Unemployment compensation documentation
- _____ Expected year income form plus any W-2's
- _____ Information or letter from the previous employer
- _____ Proof of excessive payments to physicians or hospitals
- _____ Letter of "request" from the student explaining in detail their circumstances
- _____ Letter from the Financial Aid representative—detailing the basis for consideration

Selective Service Registration

- _____ Copies of original letter and response letter from the Selective Service Office
- _____ Copies of citizenship documentation (Resident card, passport, I-551, or arrival card)
- _____ Information and letter of explanation from the student for why he did not register
- _____ Letter from the Financial Aid representative—detailing the basis for consideration

PLUS Override

- _____ Copies of citizenship documentation (Resident card, passport, I-551, or arrival card)
- _____ Proof of Recent Economic Hardship
- _____ Documentation that parent resides outside the United States
- _____ Information and letter of explanation from the student/parent
- _____ Letter from the Financial Aid representative—detailing the basis for consideration

Copies of all documentation must be attached to this form.

Office Use Only:

Approved Yes No Signature _____ Date _____

Expected Year Income Calculation

This page must be provided with all requests for Loss of Income, excessive medical bills, divorce, etc.

Please list below by the month the sources and amounts of income for 20_____

Some of these amounts may be actual numbers since the months have already elapsed. Some month's income will need to be estimated since the reporting period may not yet have occurred.

Attach the latest pay stub, unemployment notification, etc. to support the amounts listed.

Name: _____

Type of Income	Amount received per month	Number of months received	Total amount Received
Wages, Tips, etc. (Reported on FAFSA)	_____	X _____	= _____
Unemployment (Reported on FAFSA)	_____	X _____	= _____
Workers Compensation	_____	X _____	= _____
Social Security Benefits	_____	X _____	= _____
Cash Support (Reported on FAFSA)	_____	X _____	= _____
Alimony / Spousal Support (Reported on FAFSA)	_____	X _____	= _____
Child Support Received (Reported on FAFSA)	_____	X _____	= _____
Welfare / Public Assistance	_____	X _____	= _____
Other _____	_____	X _____	= _____
Other _____	_____	X _____	= _____
TOTAL:			\$ _____

Please explain the above:

I certify that the above information and all information on my FAFSA and ISIR are true and correct and I have not falsified or purposely withheld any income information.

Student Signature: _____ Date: _____