

FOR OFFICE USE ONLY				
Correction Date & #				
Initials:				
New SAI:				

#### Student Financial Services – South Texas College

### 2025-2026 Dependency Change Request

You may request a dependency change if you have unusual circumstances which may include (but are not limited to): **human trafficking**; **legally granted refugee or asylum status**; parental **abandonment** or **estrangement**, student or parent **incarceration**, or instances in which the student is unable to contact a parent or where contact with parents poses a **risk** to the student.

Unusual circumstances do not include: parents **refuse to contribute to your education**, parents **will not provide information** for the **FAFSA** or verification, parents **do not claim you as a dependent on their taxes**, you demonstrate **total self-sufficiency**.

Dependency Change requests will be reviewed on a **case-by-case** basis.

### **Student Information**

STC	ID:	SSN: XXX-XX-		
Last Name: Phone:		First Name:	MI:	DOB:
		Email:	@stu.sou	@stu.southtexascollege.edu
How t	to Apply New Request			
If this is	your <b>first time</b> applying for a	dependency change, please submit all these it	ems <b>together</b> . Additional docu	mentation may be requested.
1. 2.	<ul><li>Your relationship</li><li>Why you don't live</li></ul>	e with them hom you have been living yourself ies of:	ed) explaining:	
	<ul> <li>Tax return or IRS</li> </ul>	<b>5 Tax Return Transcript</b> (if not linked to FAFS) <b>rk</b> , explain how you supported yourself in 2025		
3. 4.	Family/Friend Statement -	- A <b>letter</b> from a <b>family member</b> or <b>close frien</b> A <b>letter on official letterhead</b> from a teacher,	nd verifying your situation	or government official confirming
	Renewal Request			

If your dependency change was **approved last year**, please submit:

- 1. **Updated Statement** A new **signed** statement about your current relationship with your parents
- 2. Income Documents 2023 W2's (if you worked) Tax return or IRS Tax Return Transcript (if not linked to FAFSA). If you did not work, explain how you supported yourself in 2025 and plan to in 2026.

STC ID:		NAME:		
Required Information:				
Father's Addre	ess:			
<ul> <li>Mother's Addr</li> </ul>	ess:			
Where did you	live in 2025?			
Where will you	ı live in 2026?	d alathaa abaltan waid		
How are your l	iving expenses (100)	d, clothes, shelter) paid	tor?	
Income Sources for 20	025 and 2026:			
Source	LV WIIW LV.	2025 Amount	2026 Amount	
Income earned from work		\$	\$	
Cash/Savings		\$	\$	
Tuition deadlines still app	oly – make payment arra tatus: inancial Aid → Select Av lley, or Starr Co. Financi	angements while waiting ward Year → Check Notifica	tions	
Up to 2 weeks (4 weeks d Tuition deadlines still app	oly – make payment arra tatus: inancial Aid → Select Av lley, or Starr Co. Financi fice via STC JagNet	angements while waiting ward Year → Check Notificated Services Office	tions	
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Up to 2 weeks (4 weeks description deadlines still approximate) How to Check Your Straight Deginto JagNet → Click First How to Submit:  In person: Pecan, Mid Val Online: Upload to our Offer CERTIFICATION are We can only accept elugable JagNet account, which by signing below, I certi	oly – make payment arratatus: inancial Aid → Select Avolley, or Starr Co. Financifice via STC JagNet  mathematicates your ify that all information rposely provide false of	angements while waiting  ward Year → Check Notificat  al Services Office  N SIGNATURES  typed signatures if you a  identity.  provided is complete and or misleading information,	are uploading your doc d correct. , you may be fined, impris	·
Up to 2 weeks (4 weeks description deadlines still approximate How to Check Your Stranger How to Submit:  In person: Pecan, Mid Val Online: Upload to our Offer CERTIFICATION are We can only accept elugated account, which By signing below, I certien warning: If you purify the still the submit is to be the	oly – make payment arratatus: inancial Aid → Select Avolution Select Avolution Select Avolution Select Avolution Select Avolution Select Avolution Select Select Avolu	angements while waiting  ward Year → Check Notificat  al Services Office  N SIGNATURES  typed signatures if you a  identity.  provided is complete and or misleading information,	are uploading your doc d correct. , you may be fined, impris Date:	soned, or both.
Up to 2 weeks (4 weeks description deadlines still approximate How to Check Your Stranger How to Submit:  In person: Pecan, Mid Val Online: Upload to our Offer CERTIFICATION are We can only accept elugated account, which By signing below, I certien warning: If you purify the still the submit is to be the	oly – make payment arratatus: inancial Aid → Select Avolution Select Avolution Select Avolution Select Avolution Select Avolution Select Avolution Select Select Avolu	angements while waiting  ward Year → Check Notificat  al Services Office  N SIGNATURES  typed signatures if you a  identity.  provided is complete and or misleading information,	are uploading your doc d correct. , you may be fined, impris Date:	soned, or both.

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excluded participation, denies benefits or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination.

Revised 4-3-25 SFS 2

STC ID:	NAME:
Statement from Family M	ember or Friend
On a separate sheet of paper please	e provide a brief statement confirming the student's situation. Include details about:
<ul><li>Your relationship with the st</li><li>How long you have known t</li><li>Your knowledge of their situ</li></ul>	
Your Name:	
Your Profession:	
Your Phone Number:	
<b>CERTIFICATION and HAND V</b>	VRITTEN SIGNATURES
I certify that the information I provide	ed is true and complete. I understand I may be contacted if more details are needed.
⚠ Warning: If you purposely provi	ide false or misleading information, you may be fined, imprisoned, or both.
Signature:	
Date:	

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Statement from a Professional Person (i.e., Teacher, Counselor, Employer etc)
On a separate sheet of paper please provide a brief statement confirming the student's situation. Include details about:
<ul> <li>Your relationship with the student</li> <li>How long you have known them</li> <li>Your knowledge of their situation and why they do not live with their parents</li> </ul>
☆ Required Information:
Your Name:
Your Profession:
Your Address:
Your Phone Number:
CERTIFICATION and HAND WRITTEN SIGNATURES  I certify that the information I provided is true and complete. I understand I may be contacted if more details are needed.  Warning: If you purposely provide false or misleading information, you may be fined, imprisoned, or both.
Signature:
Date:

NAME:

STC ID:

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