

Dependency Override Third Party Statement Form

Student Name:	CVCC Student ID:
This section is to be completed by the parents.	he third party and should reference biological/adoptive
Your name:	
How long have you known the stude	ent?
Your relationship to the student:	
Your telephone number:	
When was the last time the student	had contact with his/her mother?
When was the last time the student	had contact with his/her father?
Is the student able to contact either	parent by normal means (in person, phone, email, mail, etc.)?
Father: Yes No Don't Kn	now Mother: Yes No Don't Know
Please provide a statement of circulor of the student's request. Attach add	mstances which completely and explicitly explains the basis itional page(s) if needed.
Warning: If you purposely give false fined, be sentenced to jail, or both.	e or misleading information on this worksheet, you may be
Signature:	Date: