DEPO

# Dependency Override Update Request 2026-2027

If you need assistance completing this form please contact the Financial Aid Office at (585) 345-6900 or financialaid@genesee.edu

**Student Name:**_____ **ID:**_____

You were granted a dependency override in a previous academic year. If you intend to file a 2026-2027 FAFSA, please indicate below if your situation remains the same or if there have been any changes in your relationship with your parent(s). Please return this statement and any supporting documentation to our office.

Please use reverse side if necessary and/or attach any additional documentation you may feel is appropriate.

Student Signature: _____ Date: _____

Please Return to:

Genesee Community College
Financial Aid Office
One College Road, Batavia, NY 14020
Phone: (585) 345-6900 Fax: (585) 343-6726
Email: financialaid@genesee.edu