

Name _____ Student ID _____

This request is for the (select one):

- 2024–2025 Aid Year (Classwork from July 1, 2024–June 30, 2025)
- 2025–2026 Aid Year (Classwork from July 1, 2025–June 30, 2026)

Please indicate the reason/reasons below for which you are requesting a special conditions review:

- | | |
|---|---|
| <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Business or farm closure |
| <input type="checkbox"/> Loss of untaxed income or benefit | <input type="checkbox"/> Parent/student newly disabled |
| <input type="checkbox"/> Parent/student separated or divorced after FAFSA was filed | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> Death of parent/spouse after FAFSA filing | |

The household income reflected on the FAFSA was approximately \$_____ and the household income is now \$_____. Briefly describe the situation:

Student's signature_____
Date_____
Parent's signature (if applicable)_____
Date