

Name _____ Student ID _____

This request is for the (select one):

- 2023–2024 Aid Year (Classwork from July 1, 2023–June 30, 2024)
- 2024–2025 Aid Year (Classwork from July 1, 2024–June 30, 2025)

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

- Loss of employment
- Business or farm closure
- Loss of untaxed income or benefit
- Parent/student newly disabled
- Parent/student separated or divorced after FAFSA was filed
- Other (please specify): _____
- 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