

2023-2024 Dependency Override Third Party Statement Form

Student Name:	CVCC Student ID:
	om a third party is needed. Please complete the section below. f statement on your knowledge of the student's relationship
Your name:	Your telephone number:
Relationship to student:	
With whom does the student reside?	
When was the last time the student had cor	ntact with his/her mother?
When was the last time the student had co	ntact with his/her father?
Is the student able to contact either paren	by normal means (in person, phone, email, mail, etc.)?
Father: ☐ Yes ☐ No ☐ Don't Kr	now Mother: ☐ Yes ☐ No ☐ Don't Know
Please provide a statement of circumstanc student's request. Attach additional page(s	es which completely and explicitly explains the basis of the s) if needed.
Certification and Signature By signing this form, I certify that all info contacted if further information is needed. Signature cannot be typed.	ormation is true and complete. I understand that I may be
Signature:	Date:

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