

Unusual Circumstance Form

2025-26



Student's Name (Last, First)

Student ID Number

You reported on your FAFSA that you are unable to provide parent information due to unusual circumstances that prevent you from contacting your parents or would pose a risk to you if you contacted your parents.

<i>Unusual circumstances include but are not limited to:</i>	<i>Unusual circumstances do not include:</i>
• Unsafe domestic environment • Parental neglect • Unknown whereabouts of parents • Abandonment by parents • Human trafficking • Student or parent incarceration • Legally granted refugee or asylum	• Parents refusal to contribute to the student's education • Parents unwilling to provide information for the FAFSA • Parents no longer claim the student as a dependent on their income taxes • Student demonstrates total self-sufficiency

In addition to this form, ALL of the following supporting documentation is required:

- A signed statement from you, the student, explaining your unusual circumstance and current relationship with your parents. Include:
 - A history of your relationship with both of your parents (including stepparents, if applicable).
 - Where and with whom you lived from the time you stopped living with your parents until now.
 - Who provided your financial support from the time you stopped living with your parents until now. If you did not receive financial support from others, explain how you have financially supported yourself.
- Two signed statements from independent third-party professionals (such as: counselor, medical authority, clergy, court, government agency, social worker, teacher, professor, etc.) who can attest first-hand to your circumstances.

You should also submit any documentation that would support your request. This might include police reports, court documents, reports from social workers or medical professionals, etc. If you cannot obtain statements from a third-party, you must meet with a staff member from the Financial Aid office to discuss your circumstances.

Select the appropriate box(es) that apply to your circumstances:

- ☐ **Abandonment or estrangement:** Your parent(s) retain legal custody of you, but voluntarily left or were purposely absent. Their whereabouts are unknown, or you cannot readily reach them. You have no contact with your parent(s), they did not claim you on their most recent income tax return, and they have not provided you with any emotional or financial support (including health or auto insurance coverage) for an extended period of time.
- ☐ **Abuse:** Your health or safety was at risk due to living with your parent(s) in an environment that included physical, sexual, emotional, verbal or substance abuse.
- ☐ **Conflicting beliefs or practices:** Your parents disowned or severed ties with you because your beliefs, practices, or preferences differ from theirs on one or more of the following areas: race, religion, education, health, gender, sexual orientation, or cultural expectations.
- ☐ **Death:** Your custodial parent is deceased, and you have no contact with or receive support from your other parent.
- ☐ **Incarceration:** At least one parent is in prison because of their participation due to illegal activities, and you have no contact with or receive support from your other parent.
- ☐ **Institutionalization:** At least one parent is institutionalized and lacks the mental capacity to complete the FAFSA, and you have no contact with or receive support from your other parent.
- ☐ **Location Unknown:** Your parents do not reside in the United States and cannot be contacted.

Select the statement below that best describes your situation:

- ☐ I was living with my parent(s) and was kicked out or told I could no longer live with them.
- ☐ I was living with my parent(s) and left home due to abuse, conflict, or discord.
- ☐ I lived with my parent(s) until I turned 18 or graduated from high school and was not forced to move out.
- ☐ I never lived with either parent but was never legally adopted by or under the legal guardianship of anyone else.
- ☐ Other (explain): _____

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature _____ **Date** ____/____/____

Forms can be submitted ONE of the following ways:

Mail to: Enrollment Services/Financial Aid ▪ NDSCS ▪ 800 6th St N ▪ Wahpeton, ND 58076

Drop off at: 101 Haverty Hall (Wahpeton) OR 183G (NDSCS-Fargo)

Contact Us: 1-800-342-4325 or 701-671-2207 | NDSCS.Fin.Aid@ndscs.edu

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