

# 2024-2025 Request for Dependency Override

**Central Administration**  
533 College Road  
Selden, NY 11784-2899  
(631) 451-4108

**Ammerman Campus**  
533 College Road  
Selden, NY 11784-2899  
(631) 451-4072  
(631) 451-4640 - FAX  
Email: [faidammr@sunysuffolk.edu](mailto:faidammr@sunysuffolk.edu)

**Michael J. Grant Campus**  
1001 Crooked Hill Road  
Brentwood, NY 11717-1092  
(631) 851-6712  
(631) 851-6814 - FAX  
Email: [faidwest@sunysuffolk.edu](mailto:faidwest@sunysuffolk.edu)

**Eastern Campus**  
121 Speonk-Riverhead Road  
Riverhead, NY 11901-3499  
(631) 548-2525  
(631) 548-3651 - FAX  
Email: [faideast@sunysuffolk.edu](mailto:faideast@sunysuffolk.edu)



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**Instructions:** Complete this form and return to your home campus with all required documentation. You will receive a response to your request within three (3) weeks of the date of receipt. **Consideration of your request will be delayed if all requested documentation is not attached.**

Name	Student ID
Street	
Address	Phone
City, State, ZIP	Email

1. File your **2024-2025 FAFSA** online indicating you have **unusual circumstances**. You will be given a "Provisionally Independent" status and told to contact your school's financial aid office to provide

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