



UTTyler
THE UNIVERSITY OF TEXAS AT TYLER

Dependency Override Reference

Student Name: _____
(Last, First, MI)

Student ID: _____

Reference Information:

Name: _____
(Last, First, MI)

Telephone: _____

Street Address: _____

City, State: _____

Zip Code: _____

- ❖ How long have you known the Student? _____
- ❖ What is your relationship to the student? _____
- ❖ With whom does the student reside? _____

Please explain what you know concerning the student's relationship with his or her parent(s). Use the space below, the backside of the form, or attach a separate letter if necessary.

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not accepted.

Signature: _____

Date: _____

Office of Financial Aid
3900 University Blvd., Tyler, Texas 75799
www.uttyler.edu/financialaid/
Phone (903) 566-7180
Fax (903) 566-7183