## REQUEST FOR SPECIAL CIRCUMSTANCES REVIEW 2019-2020

Stud	lent Name	SS	#	Date of Birth	
Add	ress			Telephone No.	
Pare	nt Name (Dependent Stu	dents Only)			
Ema	il Address				
1.	Will your income and/or your spouse's or parents' income be less in 2019 than in 2017? YesNo				
2.	Unemp Medica Divorc	(s) below that pertain to your bloyment or change in empal expenses e/separation of spouse or parent	-	for special circumstances.	
		rcumstance in detail, includitional sheets if necessary		ate your special circumstances	
docu your Stud docu	mentation may include use last date of employment lents (and parents of dependent)	nemployment forms, a lett, court documents, medica andent students) reporting a year-to-date income for the	ter from yo l bills, disa a change in	ecial circumstances. Supporting ur former employer documenting bility claims, death certificates, etc. income may need to provide alendar year. This can typically be	
may	schedule the appointmen	at by calling (405) 717-431	5 or visitin	review your documentation. You ag the Financial Aid Office on the Oklahoma City, OK 73142.	
	n person signing below commentation is complete an	ertifies that all the informand correct.	tion on this	form and the accompany	
Stud	lent Signature				
Pare	ent Signature (Dependent	Students Only)		Date	