

Financial Aid Office Gordon Student Center 315-498-2000 (T) 315-492-2244 (F) faoinfo@sunyocc.edu

Electronic and typed signatures are not acceptable

Special Circumstances 2019-2020

Student Name:	Student ID:
Student Email:	Student Phone:
current financial situation. These special circum case-by-case basis with appropriate document	vided on the 2019-2020 FAFSA may not reflect a family's instances can be considered by the Financial Aid Office on a tation. To pursue a special circumstance review, complete this form(s). Return the completed forms to the Financial Aid Office tion.
Check the box that best describes your	situation:
Loss of Income for Parent(s) (De Also complete: Parent Estimated In	
Loss of Income for Student/Spo Also complete: <u>Student Estimated I</u>	
 Copy of divorce/separation 	of explanation including the date divorce/separation took effect decree or verification of filing for divorce x Return Transcript for the custodial parent
Death of a Parent or Spouse In addition to Estimated Income Fo - Copy of death certificate - Copy of final paycheck for - Documentation of any deat	the deceased individual
	ocumentation and of the completion of review will be sent to the Please provide contact information below:
Parent Name Paren	nt Email Address Parent Phone Number
	this application is true and complete to the best of my on of this application does not guarantee a specific, desired
Student Signature Electronic and typed signatures are not acceptable	 Date
Parent Signature	 Date