

**2018-2019 Dependent  
Special Circumstances Request for Unusual Medical Expenses**

Student's name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Please print Last name First name

**Unusual Medical Expenses overview**

1. How much did your parents pay for medical/dental insurance in 2016? \$ \_\_\_\_\_
2. What were your parent's medical/dental expenses not paid by insurance? \$ \_\_\_\_\_

**Required Attachments:** *(Please only include medical bills/expenses that were paid in 2016, do not include any unpaid bills or expenses)*

- List and include receipts for **2016** insurance premiums paid by you and medical/dental expenses **NOT PAID** by insurance
- 2016 Federal tax transcript and W-2's
- 2018-19 Dependent Filing Status Worksheet
- 2018-19 Dependent Household Information Worksheet
- Any other verification requested by the VFAO/FA office

**CERTIFICATION AND SIGNATURE:**

All of the information on this form is true and complete to the best of my knowledge. I agree to submit proof of the information I have given on this form, as specified above in the required attachments. I also realize that if I **do not** provide the required proof, my request **will not** be processed.

Each person signing below certifies that all of the information reported is complete and correct

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date (Required)

\_\_\_\_\_  
Parent Signature (Required)

\_\_\_\_\_  
Date (Required)