

**2017-2018 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 2015? \$ _____
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 2015, do not include any unpaid bills or expenses)*

- List and include receipts for **2015** insurance premiums paid by you and medical/dental expenses **NOT PAID** by insurance
- 2015 Federal tax transcript and W-2's
- 2017-18 Dependent Filing Status Worksheet
- 2017-18 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.

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

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

Student Signature (Required) Date

Parent Signature (Required) Date