Office of Financial Aid & Scholarships
2027-2028 Request for Reconsideration Based on Extenuating Circumstances

Student name (Last name, First name)	
A-State ID number	Cell phone number

The information from the 2025 tax return that was reported on the FAFSA does not accurately reflect the student's and/or spouse's or parents'/step-parent current income.

Documentation: *All requests for reconsideration must include the following items:*

1. A typed letter providing the reason for your request for reconsideration. Include a statement explaining how the circumstances has impacted your financial situation.
2. Additional documentation such as the examples listed below.

Extenuating Circumstance	Required Supporting Documentation
Loss of Employment: Job or benefits have been lost, or earnings are less in a new job.	• Last pay stub showing year-to-date earnings. • Termination notice from employer showing last date of employment. • Unemployment statement (if applicable) showing amount received, benefit beginning and end dates.
Loss of untaxed income: • Child Support • Alimony • Retirement/Pension • Social Security • Worker's Compensation	• Original benefit statement listing the total amount received. • Revised benefit statement listing current amount received and effective date. • Documentation of loss of support.
Separation or Divorce: Parties living in the same household will not be considered. Separation after filing the FAFSA may be considered.	• Divorce Decree or Separation Agreement. • Proof of separate residences. • Assets being assigned to you. • Child Support or Alimony received.
Death of Parent or Spouse	• Copy of death certificate • Documentation of expected survivor benefits (life insurance distributions, annuities, etc.).
Medical/Dental Expenses not Covered by Insurance: Out-of-pocket medical or dental expenses paid beyond the amount already factored into the FAFSA formula. Costs paid by insurance or other party cannot be counted.	• Copy of Schedule A - Itemized Deductions from your federal tax return OR proof of out-of-pocket medical, dental, or eye care payments. • Receipts or copies of cancelled checks verifying payments
One-time taxable income used for life changing event: IRA, pension distribution, back-year social security, back-year child support, etc.	• Copy of statment showing payment received. • Verification of use of funds. Payments towards consumer debt will not be considered.

▶ Signatures

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

X _____ Student Signature _____ Date

X _____ Parent Signature _____ Date

X _____ Financial Aid Counselor Signature _____ Date

X _____ Supervisor Signature _____ Date

Approved ☐ Denied ☐

Please complete and return to: A-State Office of Financial Aid & Scholarships
Mail: **P.O. Box 1620 State University, AR 72467** Fax: **870-972-2794** Email: **finaid@astate.edu**