

## 2026-2027 Professional Judgment Request Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
LC State ID Number

The Financial Aid Office may consider a student's unusual circumstances to adjust FAFSA data elements used to calculate the Student Aid Index (SAI) and/or change a student's dependency status, according to federal education laws and guidelines set by the U.S. Department of Education.

### **Complete the following steps:**

- Write a detailed letter of explanation outlining your unusual circumstances, sign the letter, and submit with this form.
- Submit non-returnable copies of required documentation listed for each item you checked below. Place your name and LC State ID Number on top of each document. All supporting letters must be signed by the author and on letterhead (if applicable).
- Ensure a 2026-2027 FAFSA has been submitted at the student aid web page with the LC State school code (001621).

### **Reason for Request:**

Check the reason(s) and submit the required supporting documentation.

#### ☐ **Loss of income or change in income:**

Select income year to be used in Professional Judgment: ☐ **2025 (Actual)** ☐ **2026 (Estimated)**

Select individual who experienced loss of income: ☐ **Parent** ☐ **Student** ☐ **Student's Spouse**

- For 2025 actual income, provide copy of signed 2025 Federal Tax Return
- For 2026 estimated/loss of income, include:
  - Documentation that provides the reason for and/or date of income loss
  - Include most recent paystub(s) and a letter from employer(s)
  - Signed estimate of total expected 2026 income

#### ☐ **Dependency Override:**

- In your letter of explanation detail the relationship you have with your parent(s)
- Submit three (3) signed letters of support from NON-relatives (for example, landlord, employer, teacher and/or clergy) who can confirm the statements in your letter of explanation. The letters of support should also include how they know you and for how long. The letters must be dated and signed by author.

#### ☐ **Change of student's marital status from single to married:**

- Copy of marriage certificate
- Copies of 2024 IRS Tax Return Transcripts or signed 2024 Federal Tax Returns for both parties

**Reason for Request (continued):**

☐ **Death of a parent or spouse:**

- Submit a copy of the death certificate
- Submit surviving parent's or student's expected current-year income

☐ **Birth of a child during the school year:**

- Submit doctor's note indicating expected birthdate of child
- Provide proof the student is or will be providing 50% or more support for the child

☐ **Divorce or separation:**

**Select individual Divorcing or Separating:**    ☐ **Parent**    ☐ **Student**

- Submit a copy of the divorce decree or a letter of separation
- Independent students should include 2024 IRS Tax Return Transcript and W-2 form(s)
- Dependent students should include 2024 IRS Tax Return Transcript and W-2 form(s) for both parents

☐ **Medical and dental expenses paid – not covered by insurance:**

- Submit proof of actual medical and dental **payments made** in 2024 not reimbursed by insurance

☐ **Private elementary or secondary education tuition for dependent children:**

- Submit a letter from the school on official letterhead documenting tuition paid for the 2025-2026 academic year

☐ **Other extenuating circumstances:** \_\_\_\_\_

- Submit complete documentation to support your reason(s) for requesting consideration.
- We will **NOT** consider consumer debt (e.g., auto loans, credit card payments, and mortgage) as a reason for professional judgment adjustments

Allow 2-4 weeks for processing. You will receive a notification of the outcome via your WarriorMail. **Please note all decisions are final.** Additional documentation may be requested to support your situation. Any request submitted without documentation will be delayed.

Students who have been selected for verification **MUST** complete that process before their Professional Judgment Request will be reviewed. Check WarriorWeb for required verification documents.

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Student Signature (Digital signatures not accepted) \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature (for Dependent students) (Digital signatures not accepted) \_\_\_\_\_ Date \_\_\_\_\_

**Submit Completed Professional Judgment Packet:**

Mail/Drop off: Financial Aid Office  
Reid Centennial Hall, Room 110  
Lewis-Clark State College  
500 8<sup>th</sup> Avenue  
Lewiston, ID 83501

Fax to: (208) 792-2063

Email to: [finaid@lcsc.edu](mailto:finaid@lcsc.edu)  
(Do not email tax documents)

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