



## 2025-2026 Professional Judgment Request Form

Name		LC State ID Number	WarriorMail			
cald		d/or change a student's dependency	adjust the FAFSA data elements used to status, according to federal education laws			
Coı	mplete the following steps:					
•	Write a detailed letter of explanation outlining your unusual circumstances, sign the letter, and submit with this form.					
•	·		tem you checked below. Place your name must be signed by the author and on			
•	Ensure a 2025-2026 FAFSA has bee	en submitted at studentaid.gov with t	the LC State school code (001621).			
Rea	ason for Request:					
	eck the reason(s) and submit the requ	ired supporting documentation.				
	Loss of income or change in income:					
	Select income year to be used in Professional Judgment: ☐ 2024 (Actual) ☐ 2025 (Estimated)					
	Select individual who experienced loss of income: ☐ Parent ☐ Student ☐ Student's Spouse					
	<ul> <li>Submit proof of year to date income and/or year to date expected income</li> </ul>					
	o For loss of income, include docu	mentation that provides the reason f	for and date of income loss			
	<ul> <li>Include most recent paystub(s) and a letter from employer(s)</li> </ul>					
	Dependency Override:					
	<ul> <li>In your letter of explanation detail the relationship you have with your parent(s)</li> </ul>					
	<ul> <li>Submit three (3) signed letters of</li> </ul>	f support from NON-relatives (for exa	ample, landlord, employer, teacher and/or			
	•••	ements in your letter of explanation. long. The letters must be dated and	The letters of support should also include I signed by author.			
	Change of student's marital status from single to married:					
	Copy of marriage certificate					
	o Copies of 2023 IRS Tax Return	Transcripts for both parties				
	Death of a parent or spouse:					
	<ul> <li>Submit a copy of the death certif</li> </ul>	icate				
	<ul> <li>Submit surviving parent's or stud</li> </ul>	dent's expected current-year income				

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Reason for F	<u>lequest (continued):</u>					
☐ Birth of a	child during the school year:					
<ul><li>Subn</li></ul>	Submit doctor's note indicating expected birthdate of child					
<ul><li>Provi</li></ul>	de proof the student is or will be providin	ng 50% or more	support for the child			
□ Divorce	Divorce or separation:					
Select i	Select individual Divorcing or Separating: ☐ Parent ☐ Student					
<ul><li>Subn</li></ul>	Submit a copy of the divorce decree or a letter of separation					
<ul><li>Indep</li></ul>	<ul> <li>Independent students should include 2023 IRS Tax Return Transcript and W-2 form(s)</li> </ul>					
<ul><li>Depe</li></ul>	endent students should include 2023 IRS Tax Return Transcript and W-2 form(s) for both parents					
☐ Parent is	enrolled in college at least half-time s	eeking a degre	e/certificate:			
o In yo	o In your letter of explanation detail the reason for your parent's enrollment in postsecondary school					
o Include a copy of the parent's class schedule and an invoice from the school (Parent must be						
half-t	half-time, degree-seeking, and may not receive employer tuition reimbursement)					
☐ Medical :	☐ Medical and dental expenses paid – not covered by insurance:					
o Subn	nit proof of actual medical and dental pay	yments made i	n 2023 not reimbursed by insuranc	ce		
☐ Private e	lementary or secondary education tui	ition for depen	dent children:			
<ul> <li>Submit a letter from the school on official letterhead documenting tuition paid for the 2024-2025 acade</li> </ul>						
□ Other ex	Other extenuating circumstances:					
o Subn	<ul> <li>Submit complete documentation to support your reason(s) for requesting consideration.</li> </ul>					
<ul> <li>We will <u>NOT</u> consider consumer debt (e.g., auto loans, credit card payments, and mortgage) as</li> </ul>						
profe	ssional judgment adjustments					
decisions ar	eks for processing. You will receive a not e final. Additional documentation may be nentation will be delayed.		•			
	have been selected for verification <b>MUS</b> be reviewed. Check WarriorWeb for requ	•	•	l Judgment		
Student's Sig	nature (Digital signatures not accepted)		Date			
Parent's Sign	ature (for Dependent students) (Digital sig	natures not accept	ed) Date			
Submit Comp	leted Professional Judgment Packet:					
Mail/Drop off: Financial Aid Office		Fax to: (208	3) 792-2063			
	Reid Centennial Hall, Room 110	`	,			
	.ewis-Clark State College 500 8th Avenue		naid@lcsc.edu ail tax documents)	Page 2 of 2		

FA25PJR

Lewiston, ID 83501