



1 College Place  
Claremont, NH 03743  
Phone: 603.542.7744 800.837.0658  
Fax: 603.543.1844

Keene Academic Center  
438 Washington St., Keene, NH 03431  
Phone: 603.357.2142  
Fax: 603.357.0408

Lebanon Academic Center  
15 Hanover St, Lebanon, NH 03766  
Phone: 603.443.4201

Website: [www.rivervalley.edu](http://www.rivervalley.edu)

## 2018-2019 Request for Consideration of Special Circumstances

A student may request, one-time, a consideration for special circumstances if the student has a situation that is unusual and not common to all, for example, loss of income or exceptionally high medical costs.

Provide a detailed statement from you, the student, outlining the special circumstance for which you are requesting consideration.

- If the circumstance was unusual medical expenses, please provide the signed 2016 Federal Tax Return with all schedules and a total of all medical expenses not covered by any insurance.
- If the circumstance was a loss of income, please provide the following:
  - Copy of severance package (if severance was received)
  - Copy of last paystub from terminated employment
  - Copy of last paystub from previous employment
  - Copy of last four (4) paystub for all current employment
  - Copy of unemployment benefits
- If the circumstance was a loss of child support, please provide documentation of when child support ended and total amount received in that year.
- Other circumstances may require specific documents.

By signing below I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

STUDENT NAME: \_\_\_\_\_

ID: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_  
(If Dependent Student)

DATE: \_\_\_\_\_