

**Special Circumstances Form**  
**Academic Year 2021-2022**

---

Student Name _____	Date _____
LSAC Account # _____	Parent 1 Name _____
Address _____	Daytime Phone # _____
_____	Parent 2 Name _____
Phone # _____	Daytime Phone # _____
Email: _____	Email: _____

---

**We recognize that some families may have extenuating circumstances that were not adequately captured on the CSS Profile application. Please use this form to provide additional information about your family's financial situation.**

**Return the completed form and any relevant documentation via email to [finaid@law.upenn.edu](mailto:finaid@law.upenn.edu) or fax to (215) 898-9606.**

---

**Please indicate below the best descriptor of your family's circumstances:**

- ☐ Change in employment
  - ☐ Covid-19 pandemic
  - ☐ Scholarships or sponsor information
  - ☐ Exceptional medical or dental expenses
  - ☐ Catastrophic event or natural disaster
  - ☐ Financial support of other family members
  - ☐ Non-recurring income or expenses
  - ☐ Other
-

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I/we certify that the information provided on all financial aid applications is true, complete, and correct to the best of my knowledge.

---

Parent signature
Date