

Student Information

2016–2017 Emancipated Minor/Legal Guardianship Verification Form

You reported on your FAFSA that you are an emancipated minor or had a legal guardian. We must have this completed form and any required documentation before we can continue processing your financial aid application.

Student's Last Name First Name			M.I.		T-Number	
Street Address (include apt. #)					Date of Birth	
City	State	Zip	o Code		Email Address	
 Stude	nt's Home Phone Numbe	r (include area code)			Student's Alternate or Cell Phone Number	
CHECK below				REQ	REQUIREMENTS	
	I am or I was an emancipated minor. Check this box only if: (A) You can provide a copy of a court's decision that as of today, you are an emancipated minor, OR (B) You can provide a copy of a court's decision that you were an emancipated minor immediately before you reached the age of being an adult in your state. The court must be located in your state of legal residence at the time the court's decision was issued.				ATTACH a copy of a court's decision of your emancipated minor status.	
	I am or I was in legal guardianship. Check this box only if: (A) You can provide a copy of a court's decision that as of today, you are in legal guardianship, OR (B) You can provide a copy of a court's decision that you were in legal guardianship immediately before you reached the age of being an adult in your state. The court must be located in your state of legal residence at the time the court's decision was issued.				ACH a copy of the Letters of Guardianship, or py of the court's Order of Discharge from rdianship.	
Ш	I made an error on my is no longer in effect.	FAFSA. I am still a m	inor and the court deci		MUST correct the information on your FAFSA provide your parent(s) financial information.	
	I made an error on my the time I became an a		cision was not in effect		MUST correct the information on your FAFSA provide your parent(s) financial information.	
	fication and Signatur g this worksheet certifies		nation reported on it is o	complete ai	nd correct.	
Student's Signature				Date	Date	
		ive false or misleading	information on this work		may be fined, be sentenced to jail, or both.	

Submit this worksheet to the SUU Financial Aid and Scholarship Office
351 W University Blvd, Cedar City UT 84720 * (435) 586-7735 (phone) * (435) 586-7736 (fax)