Emancipated Minor/Legal Guardian Form Verification of Independent Status 2025-2026



Financial Aid Office, 1801 College Drive N, Devils Lake ND 58301

Nam	IE (please print clearly)	Student ID#	
On yo	our 2025-2026 financial aid application, you indicated that you are an eman	ncipated minor or in legal guardianship.	
	e mark the category below that pertains to your specific situation. If you it, contact Merissa Lourens at 701-662-1516.	have any questions on how to complete this form or	what you need to
Prior t	nancipated Minor to reaching the age of majority in my state (usually age 18) I was released f In the state of which I was a resident at the time. <i>Note: Emancipate does <u>N</u></i>		
1. 2.	Date the court declared you an emancipated minor (month/year) Your age at the time		
	IMENTATION REQUIRED: A copy of the court papers signed by a judge, vers, you cannot be considered independent for financial aid purposes.	erifying your status as an emancipated minor. If you d	o not have court
Prior t guardi my leg	nder Legal Guardianship of Someone Other Than Parent to reaching the age of majority in my state (usually age 18), someone other lian by a court of law in the state of which I was a resident at the time. Althe gal guardian had custody of me, was responsible for raising me, and was ag	hough my parents' rights may not have been permand ppointed to make decisions about my life.	
1. 2. 3.	Date the court appointed someone other than your parent as your legal a Your age at the time Name of person(s) appointed as your legal guardian(s)		
	IMENTATION REQUIRED: A copy of the court papers signed by a judge, verguardian. If you do not have court papers, you cannot be considered independent.		ointed as your
Your F	either category above pertains to me FAFSA will need to be corrected at <u>www.fafsa.gov</u> , under the Dependency s ling financial, household size and number in college.	Status Tab. This will require you to provide parental	information,
CEI	RTIFICATION & SIGNATURE		
hold u	sure timely processing of your aid, we ask that you submit this form to the until the Verification process is complete. Upon review of this form and the pdate the status of your financial aid.		
	information provided on this form is true and complete to the best of eading information may result in fines, penalties, and/or reduction or i		false or
Stude	ent's Signature		_

Forms can be submitted to:

- Mailing address: Lake Region State College Financial Aid Office
 - 1801 College Drive N Devils Lake, ND 58301
- Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 E-mail for questions: merissa.b.lourens@lrsc.edu

■ Fax: 701-662-1666