

Emancipated Minor/Legal Guardian Form
Verification of Independent Status
2019-2020

Name (please print clearly) _____ Student ID# _____

On your 2019-20 financial aid application, you indicated that you are an emancipated minor or in legal guardianship.

Please mark the category below that pertains to your specific situation. If you have any questions on how to complete this form or what you need to submit, contact Doreen at 701-662-1516.

 Emancipated Minor

Prior to reaching the age of majority in my state (usually age 18) I was released from the control of my parent or guardian as determined by a court of law in the state of which I was a resident of at the time. *Note: Emancipate does NOT mean you pay for your own bills and your parents do not support you.*

1. Date the court declared you an emancipated minor (month/year) _____
2. Your age at the time _____

DOCUMENTATION REQUIRED: A copy of the court papers signed by a judge, verifying your status as an emancipated minor. *If you do not have court papers, you cannot be considered independent for financial aid purposes.*

 Under Legal Guardianship of Someone Other Than Parent

Prior to reaching the age of majority in my state (usually age 18), someone other than my biological or adoptive parent(s) was appointed as my legal guardian by a court of law in the state of which I was a resident at the time. Although my parents' rights may not have been permanently terminated, my legal guardian had custody of me, was responsible for raising me, and was appointed to make decisions about my life. *Note: Legal guardianship does NOT pertain to divorced parents where one has legal custody of you.*

1. Date the court appointed someone other than your parent as your legal guardian (month/year) _____
2. Your age at the time _____
3. Name of person(s) appointed as your legal guardian(s) _____

DOCUMENTATION REQUIRED: A copy of the court papers signed by a judge, verifying that someone other than your parent was appointed as your legal guardian. *If you do not have court papers, you cannot be considered independent for financial aid purposes.*

 Neither category above pertains to me

Your FAFSA will need to be corrected at www.fafsa.gov, under the Dependency Status Tab. **This will require you to provide parental information,** including financial, household size and number in college.

CERTIFICATION & SIGNATURE

To ensure timely processing of your aid, we ask that you submit this form to the address below **within 2 weeks**. Your federal financial aid will be on hold until the Verification process is complete. Upon review of this form and the required documentation, including ALL Verification documents, we will update the status of your financial aid.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature _____

Date ____/____/____

Revised 12/2018

Forms can be mailed/emailed or dropped off at:

- 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: doreen.hoffman@lrsc.edu ▪ Fax: 701-662-1666