

Office of Student Financial Assistance Founder's Hall, Suite 108

> Phone: (254) 501-5854 Fax: (254) 519-5733

## 2014-2015 Emancipated Minor/Legal Guardianship Form

Student Name:	Student ID:
Upon review of our records, your independent status was de FAFSA. Therefore, you are required by federal regulations t check the appropriate box below and submit the required co timely manner will significantly delay the processing of your f	o submit court documentation verifying this status. Please ourt documentation. Failure to comply with this request in a
Important Note: The definition of legal guardianship does recome from a court located in your state of legal residence and	· · ·
	on court in my state of legal residence. (Please provide a copy ted minor immediately before you reached the age of being
	court in my state of legal residence. (Please provide a copy rdian ship immediately before you reached the age of being
	ed minor or in a legal guardianship and I cannot provide the now correct my FAFSA and provide parent information. processed until I have corrected my FAFSA.
Certification and Signature	
I hereby certify that all of the information reported is true an the required documentation. I understand that if I purposely sentenced to jail, or both.	
Student's Signature (Required)	 Date

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