FORM 53 - **IDAHO STATE UNIVERSITY** 09-10

LEGAL GUARDIANSHIP

53-10

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid (FAFSA). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form to:

Office of Financial Aid, Idaho State University
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755

University Place, Bennion Student Union
1784 Science Center Dr, Idaho Falls, ID 83402
Phone: (208)282-7704 Fax: (208)282-7726

Please fill in blanks, print, sign and return

Press tab or shift-tab to move between fields

Student Name:_____
(Use blue or black ink) Last First M.I.

ISU ID (Bengal Card #):_____ Social Security #:_____

Telephone:_____ Email:_____

You have applied for federal financial aid as an independent student indicating that you are or were in legal guardianship determined by a court in your state of legal residence. **Please attach a copy of a court's decision that as of the date you completed the FAFSA you were in legal guardianship or 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**

If you cannot provide the required documentation listed above, please explain why not. Then write a statement outlining why you are to be considered independent.

_____
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CERTIFICATION: I certify that the information provided on this form is true and complete to the best of my knowledge.

Student Signature:_____ Date:_____

Print & Reset Document **Reset**