FORM EMANC - Idaho State U EMANCIPATED MINOR	NIVERSITY	23-24	EMANC-24
The federal government requires colleges to oprovided on your Free Application for Federal called verification. You must complete the verification requested on this form or you will aid. Please return this completed form with ap Office of Financial Aid, Idaho State University 921 S 8 th Ave, Stop 8077, Pocatello, ID 83209-8077 Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu Scan and Upload: isu.	Student Aid (<u>FAFSA</u>). This proce ification process before the Office assistance. You must return the not be considered for federal fina oplicable attachment(s) to: University Place, Bennion Studen 1784 Science Center, Idaho Falls, Phone: (208)282-7704	ess is e of ancial t Union	

*Student Name:			
(Use blue or black ink)	Last	First	M.I.
*ISU ID:		*Last 4 Digits of Social Security #:	
(Find under Academic T	ools tab on BengalWeb)	• • —	*Required

You have applied for federal financial aid as an independent student indicating that you are an emancipated minor as 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 <u>FAFSA</u> you were an emancipated minor or 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.

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

CERTIFICATION: The person signing below certifies that all of the information reported is complete

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature:

Typed signature not accepted

Date: