## FORM LGUARD - IDAHO STATE UNIVERSITY LEGAL GUARDIANSHIP

23-24

**LGUARD-24** 

(S:\24 Forms\formLGUARD.wpd)

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 with applicable attachments to:

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

(v. 10/26/2022)

University Place, Bennion Student Union 1784 Science Center, Idaho Falls, ID 83402

Phone: (208)282-2756 Fax: (208)282-4755 Phone: (208)282-7704 Email: financialaid@isu.edu Scan and Upload: isu.edu/financialaid/upload

*Student Name:(Use blue or black ink)	Last	First	M.I.
*ISU ID:	ols tab on BengalWeb)	*Last 4 Digits of Social Security #:	*Required
legal guardianship determ court's decision that as or you were in legal gua	nined by a court in of the date you our ordianship immed	s an independent student indicating that your state of legal residence. Please attacompleted the FAFSA you were in legal diately before you reached the age of be your state of legal residence at the time	ch a copy of a guardianship ing an adult in
If you cannot provide the statement outlining why y		ntation listed above, please explain why no idered independent.	t. Then write a
and correct.		w certifies that all of the information reporte	ed is complete
Student Signature:	Tun	Date:ed signature not accepted	