FORM EMANC - IDAHO STATE UNIVERSITY EMANCIPATED MINOR		Y 24-25	EMANC-25
The federal government require provided on your Free Applicaticalled verification. You must confinancial Aid can establish your information requested on this for aid. Please return this complete	on for Federal Student Ai mplete the verification pro r eligibility for assistance. orm or you will not be cons	d (<u>FAFSA</u>). This process is ocess before the Office of You must return the sidered for federal financial	
Office of Financial Aid, Idaho State U 921 S 8 th Ave, Stop 8077, Pocatello, I Phone: (208)282-2756 Fax: (20 Email: <u>financialaid@isu.edu</u> Scan	D 83209-8077 1784 Sci 8)282-4755 Phone: (ty Place, Bennion Student Union ence Center, Idaho Falls, ID 83402 208)282-7704 aid/upload	
*Student Name:(Use blue or black ink)	Last	First	M.I.
*ISU ID:		Last 4 Digits of Social Sec	curity #:*Required
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 per and correct. WARNING: If you purposely give false			•
Student Signature:	Typed siar	Date:_ nature not accepted	