

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

2020-2021 LEGAL GUARDIANSHIP FORM

			. 0	of your financial aid award.
	Last	First	υ #	Last 4 digits of SS#:
Permanent Home Addr				
	City		State	Zip Code
Student's Date of Birth	i	Home Phone #:		Cell #:
Email Address:		_@student.govst.edu		
be verified before proc substantiate your clain	essing of your aid n:		ou must submit	Your response to this FAFSA question must one of the following documents to
1.) A copy of a court.	s decision that as	OR	i guai uiansiiip	
2.) A copy of a court (majority) in you		you were in legal guard	lianship before	you reached the age of being and adult
Custody awarded pur	suant to a divorc	e decree does NOT const	itute an individi	ual as being under legal guardianship.
	ation reported on	this document is true, cor nial, reduction, withdraw	-	rate. I understand that any false statements ment of financial aid.
Student's Signature		Date		WARNING: If you purposely givefalse or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

CRI CODE: FAC20LGD