

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

## 2025-2026 LEGAL GUARDIANSHIP FORM

Student Name:		GSU ID #		Last 4 digits of SS#:
	Last	First		<u> </u>
Permanent Home Addı	ess:			
	City		State	Zip Code
Student's Date of Birth	·	Home Phone #:		Cell #:
Email Address:				
be verified before proc substantiate your clain	essing of your ai n:	are or were in a Legal Guardianshi d eligibility can continue. You mus as of today you are in legal guard	st submit on	ur response to this FAFSA question mus e of the following documents to
		OR		
2.) A copy of a court (majority) in you		t you were in legal guardianshi	p before yo	ou reached the age of being and adu
Custody awarded pur	rsuant to a divo	rce decree does NOT constitute ar	ı individual	as being under legal guardianship.
	ation reported o	n this document is true, complete, denial, reduction, withdrawal and/		e. I understand that any false statement nt of financial aid.
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CRI CODE: FAC25LGD