

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

CRI CODE: FAC24LGD

## 2024-2025 LEGAL GUARDIANSHIP FORM

Student Name:			GSU ID #	Last 4 digits of SS#:
(Please Print)	Last	First		
Permanent Home Ad	dress:			
	City		State	e Zip Code
Student's Date of Bir	th:	Home Phone #:		Cell #:
Email Address:		@student.govst.e	edu	
	ocessing of your a			s. Your response to this FAFSA question must nit one of the following documents to
1.) A copy of a cour	rt's decision that	as of today you are	in legal guardiansh	ip.
		OR		
2.) A copy of a cou (majority) in yo		nt you were in lega	l guardianship befo	ore you reached the age of being and adul
Custody awarded p	ursuant to a divo	rce decree does NO	T constitute an indiv	idual as being under legal guardianship.
CERTIFICATION S		on this document is t	rue. complete. and ac	curate. I understand that any false statements
certify that all infor	-		-	ayment of financial aid.