

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

2026-2027 LEGAL GUARDIANSHIP FORM

Student Name:		GovS	State ID#:	Last 4 digits of SS#:
Please Print	Last	First		
Permanent Home Add				
	Ci	ty	State	Zip Code
Student's Date of Birth	ı:	Home Phone #	# :	Cell #:
Email Address:			-	
be verified before proc substantiate your clair	cessing of you n:		ie. You must submit o	our response to this FAFSA question must ne of the following documents to
, _F ,		OR	88	
2.) A copy of a cour (majority) in you		that you were in legal g	uardianship before y	you reached the age of being and adult
Custody awarded pu	rsuant to a d	ivorce decree does NOT co	onstitute an individud	ıl as being under legal guardianship.
	ation reporte	ed on this document is true for denial, reduction, withd	-	te. I understand that any false statements ent of financial aid.

CRI CODE: FAC26LGD