Lander University Financial Aid Office

320 Stanley Avenue, Greenwood, SC 29649
Email: finaid@lander.edu • Web: www.lander.edu/finaid
Phone: (864) 388-8340 • Fax: (864) 388-8811

2023-2024 Legal Guardianship Verification

_____

Student's Last Name   **First Name**   **MI**   **Lander ID (L#)**

_____

Address: Street   **City**   **State**   **Zip**

On the FAFSA, you indicated that you are or were in legal guardianship. Please complete the form below to verify your status.

☐ **I certify that I am, or was, in legal guardianship as determined by a court in my state of legal residence.** In order to be eligible for this status, you must have been placed in legal **guardianship** rendered by a court located in your state of legal residence at the time the court's decision was issued. You either have to be in legal guardianship at of the time you complete your FAFSA, or have been in legal guardianship immediately before you reached the age of being an adult in your state. **(Legal custody or unofficial guardianship/custody do not qualify.)**

   o   Please attach a copy of the court order designating your status as being in legal guardianship of another.

☐ **I am not considered to be in legal guardianship.** Since you do not qualify as an independent student based on being in a legal guardianship, you will need to:

   o   Correct your FAFSA by answering **NO** to the question #54
   o   "As determined by a court in your state of legal residence, are you or were you in legal guardianship?" in STEP 3.
   o   Complete the FAFSA with parent information in STEP 4.
   o   If you feel you have special circumstances, you may review and submit the 2023-2024 Dependency Status Appeal form available at www.lander.edu/finaid/forms to the Lander University Financial Aid Office.
   o   Complete and return this form to the Financial Aid Office.

I declare that all the information reported on this document is true and accurate. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

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Student's Signature (Required)   **Phone #**   **Date**

Financial Aid Office Use Only

DATA ENTRY		COUNSELOR REVIEW (circle one)	
RRAAREQ	xxGARD=N - Pending Review	**Legal Guardianship documentation Received and Approved:** * xxGARD = S * Update ROANYUD **28** Legal Guardian Verf'd = Y	
Initials/date		**Legal Guardianship documentation Incomplete:** *xxGARD = I (or M and ROAMESG = GARI if incomplete and something to be mailed back)	
Fwd to Counselor date	Counselors must finalize their review within 60 days of receipt of initial application.	**Legal Guardianship Status not Approved:** *RNANAxx Legal Guard #54 = N *lock RNANA *Recalc Need and update ROAUSDF efc and trans *RRAAREQ - xxGARD = S , CORRP= E *Re-track on ROAIMMP unless parent info provided, will track into UNSAR or UNSIGN *ROAMESG – type note unable to approve	
		CNSLR Initials and date	