



Office of Student Financial Aid

C O O

Last Name First Name M.I.

BRCTC ID number

Address

Phone Number (include area code)

City State Zip Code

Email Address

You indicated on your Free Application for Federal Student Aid (FAFSA) that you were or are an Emancipated Minor as determined by a court in your state of legal residence or you were or are in legal guardianship as determined by a court in your state of legal residence. Our office must confirm and document your emancipation or guardianship status before we can determine your eligibility for Federal financial aid funds.

Please check the appropriate box that applies to your situation and attach the requested documentation.

☐ **I am or I was an emancipated minor** Check only if:

- You are attaching a copy of a court's decision that, as of today, you are an emancipated minor, OR
- You are attaching a copy of a court's decision that you were an emancipated minor immediately before you reached the age of being an adult in your state.

Please note: the court must be located in your state of legal residence at the time the court's decision was issued.

☐ **I am or was in legal guardianship** Check only if:

- You are attaching a copy of a court's decision that, as of today, you are currently in legal guardianship, OR
- You are attaching a copy of a court's "Order of Discharge from Guardianship" which documents that you were in legal guardianship immediately before reaching the age of being an adult in your state.

Please note: the court must be located in your state of legal residence at the time the court's decision was issued.

☐ **I made an error on the FAFSA** I am not in legal guardianship or I have not been granted emancipated minor status.

- You must correct question 53 or 54 on your FAFSA and provide parental data.

CERTIFICATION:

My signature below certifies that the information provided above is true and correct to the best of my knowledge. I understand that the penalty for providing false or misleading information is a fine, prison sentence, or both.

Student Signature

Date

To return this form:

Mail: Office of Student Financial Aid
13650 Apple Harvest Drive
Martinsburg WV 25403
Fax: 304-260-4376