BlueRidge
COMMUNITY AND TECHNICAL COLLEGE

2026-2027
Emancipated Minor & Legal Guardianship Confirmation

Office of Student Financial Aid

Last Name First Name M.I.

C 0 0
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 have updated my FAFSA with the required changes. I am still a minor and the court decision is no longer in effect or the court decision was not in effect at the time I became an adult. You and one parent MUST correct the information on your FAFSA at studentaid.gov by providing your parent(s)' financial information and signature.

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
Email: finaid@blueridgectc.edu – DO NOT EMAIL TAX DOCUMENTS OR ANYTHING WITH SOCIAL SECURITY NUMBERS