

Rec'd by: \_\_\_\_\_  
Date: \_\_\_\_\_



FAO Action: \_\_\_\_\_  
By: \_\_\_\_\_  
Date: \_\_\_\_\_

# The University of Mississippi

Professional Judgment Review Committee  
Office of Financial Aid  
257 Martindale Center  
P.O. Box 1848  
University, MS 38677-1848

Phone: 1-800-891-4596  
Fax: (662) 915-1164

## Legal Guardianship Worksheet 2020-21

A Legal Guardianship is a formal decision by a judge that suspends parental custody of the child and gives custody to a non-parent. **Please note: Adoption or legal custody granted to a parent pursuant to a divorce decree does not constitute a legal guardianship.** Persons that courts appoint as guardians vary by state. **The court must be located in your state of legal residence at the time the court's decision was issued, and you must be in legal guardianship immediately before you reach the age of majority (being an adult) in your state.**

To be completed by student (please print):

\_\_\_\_\_ STUDENT LAST NAME                      \_\_\_\_\_ STUDENT FIRST NAME                      \_\_\_\_\_ OLE MISS STUDENT NUMBER

Admission status (please check one): \_\_\_ entering freshman    \_\_\_ continuing UM student    \_\_\_ new transfer

You must provide **one** of the following documents to substantiate your claim:

- |   |
|---|
| <p>1. A complete and final copy of a court's decision that as of today you are in legal guardianship,</p> <p style="text-align: center;"><i>OR</i></p> <p>2. A complete and final copy of a court's decision that you were in legal guardianship before you reached the age of majority (being an adult) in your state.</p> |
|---|

To assist during the review process, if you provided court documentation naming certain individuals as guardians, parents, and/or other relatives, please indicate below those individuals named in the court document(s) and their relationship(s) to you, the student (attach a separate sheet if more space is needed):

_____	_____
NAME OF INDIVIDUAL	RELATIONSHIP TO STUDENT
_____	_____
NAME OF INDIVIDUAL	RELATIONSHIP TO STUDENT
_____	_____
NAME OF INDIVIDUAL	RELATIONSHIP TO STUDENT

You must complete this worksheet **each academic year**. However, if you have previously submitted this information to the Financial Aid Office, it is not necessary to do so again. Please check this box if documentation was previously submitted.

*By signing below, I certify that the information provided is true and correct. I also agree to provide additional information or documentation if requested.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
FAFSA corrections submitted on Transaction # _____	EFC _____	Date: ___/___/___	Initials: ___
FAFSA corrections confirmed on Transaction # _____	EFC _____	Date: ___/___/___	Initials: ___