

## STUDENT STATUS DETERMINATION FORM

Student Name (please print) \_\_\_\_\_

Campus ID Number \_\_\_\_\_

**Why have you received this form?** You selected statements in Section 5 and/or Section 6 on the Free Application for Federal Student Aid (FAFSA).


**When should this form be submitted?** Failure to complete and submit this form along with all required documentation to the Office of Scholarships and Financial Aid **within 21 business days** may result in the cancellation of your federal financial aid.

Which academic year were you selected for verification? ☐ 2024-2025 or ☐ 2025-2026

### Student Status Situation: Please check the situation that applies to you

- ☐ At any time since you turned 13, were both of your parents deceased, were you in foster care or were you a dependent or ward of the court?  
**ATTACH** one of the following required documents.
- ☐ Court documentation that verifies you are a ward of the court.
- ☐ Court documentation that verifies you were in foster care.
- ☐ Copies of your biological parents' death certificates.
- ☐ As determined by a court in your state of legal residence, are you or were you an emancipated minor? (Note: You must have become an emancipated minor prior to completing the FAFSA and before you reached the age of being an adult in your state.)
- ☐ **ATTACH** court documentation that verifies as of the date you completed the FAFSA you are an emancipated minor.
- ☐ As determined by a court in your state of legal residence, are you now or were you in a legal guardianship until you reached the age of being an adult in your state?
- ☐ **ATTACH** court documentation (Letter of Legal Guardianship) documenting permanent appointment through the age of becoming an adult in your state.
- ☐ At any time on or after July 1, 2024, did your high school or high school district liaison determine that you were an unaccompanied youth who was homeless?
- ☐ **ATTACH** a copy of a letter from your high school or school district homeless liaison.
- ☐ At any time on or after July 1, 2024, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
- ☐ **ATTACH** a copy of a letter from the director of the emergency shelter program funded by the U.S. Department of Housing and Urban Development.
- ☐ At any time on or after July 1, 2024, did the director of a runaway or homeless youth basic center, director or designee of a project supported by a federal TRIO or GEAR UP program grant, Financial Aid administrator or transitional living program, determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
- ☐ **ATTACH** a copy of a letter from the director of the runaway or homeless youth basic center or transitional living program.
- ☐ **I do not meet any of the conditions listed above.**
- ☐ **CORRECT** the incorrect selected statement(s) in Section 5 and/or Section 6 on your FAFSA, which will allow you to include your parent(s)' income and asset information on your FAFSA. Submit these changes to the federal processor. Be sure you and at least one parent signs the FAFSA. If you filed your FAFSA electronically, you may make corrections at [StudentAid.gov](https://studentaid.gov).

### Certification and Signature

 **SIGNATURE REQUIRED:** I certify that the information I have provided on this form and on all documents is true and complete to the best of my knowledge. I understand that based on the documentation provided changes in my FAFSA financial information may occur and may result in a change in financial aid eligibility.

Student Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING GLOBAL ID**) \_\_\_\_\_

Date \_\_\_\_\_