University of Illinois Springfield – Office of Financial Assistance
One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724
https://www.uis.edu/cost-aid/financial-aid

## **Legal Guardianship Confirmation**

For Priority Processing Submit Form within 15 business days

LGLGRD

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Last Name	First Name	M.I.		Email
Street Address	C	ity	State	Zip Code
<ol> <li>What you should do:</li> <li>Complete this entire worksheet. You must answer all the questions and the form must be SIGNED.</li> <li>Submit 8 ½ x 11 legible copies of documentation requested.</li> <li>Please upload all documents at the same time.</li> <li>Please make sure to include your UIN on all documents.</li> </ol>				
We are unable to process your UIS financial aid application until you either correct your Free Application for Federal Student Aid (FAFSA), or provide our office with a copy of a court's decision that as of today you were in legal guardianship immediately before you reached the age of being an adult in your state. The court must be located in your state of legal residence at the time the court's decision was issued.				
Section B – Legal Guardianship				
Return this original form to our office along with a copy of the following requested documentation.				
☐ Please submit a copy of the court's decsion that you were in legal guardianship.				
Section C – Student Signature				
IMPORTANT: Upload this form and supporting documentation to Self-Service Student Requirements under the Financial Aid tab. When submitting documentation:  1. Have legible copies made on 8 ½ x 11 paper. 2. Have UIN clearly printed within the boxes below. 3. Have all appropriate signatures.				
I certify that the information provided on this form and any attachments are true and correct.				
Student Signature		Date		
ENTER YOUR 9-I	DIGIT UIN :			
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