



**Office of Financial Aid**

Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 27GARD  
 320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

## 2026-2027 Legal Guardianship Verification

Student's Last Name	First Name	MI	Lander ID (L#)
<hr/>			
Address: Street	City	State	Zip

On the FAFSA, you indicated that you are or were in legal guardianship. Please complete the form below to verify your status.

- I certify that I am, or was, in legal guardianship as determined by a court in my state of legal residence.** In order to be eligible for this status, you must have been placed in legal **guardianship** rendered by a court located in your state of legal residence at the time the court's decision was issued. You either have to be in legal guardianship at the time you complete your FAFSA or have been in legal guardianship immediately before you reached the age of being an adult in your state. **(Legal custody or unofficial guardianship/custody do not qualify.)**
  - Please attach a copy of the court order designating your status as being in legal guardianship of another.
  
- I am not considered to be in legal guardianship.** Since you do not qualify as an independent student based on being in a legal guardianship, you will need to:
  - Correct your FAFSA by answering **NO** to the item in question #5 "The student is or was in a legal guardianship with someone other than their parent or stepparent, as determined by a court in their state of residence."
  - Complete the FAFSA with parent (and if applicable, stepparent) information. The parent that should be reported on the FAFSA is the parent who provides the greater portion of the student's financial support, even if the student does not live with them.
  - If you feel you have special circumstances, you may review and submit the 2026-2027 Dependency Status Appeal form available at [www.lander.edu/finaid/forms](http://www.lander.edu/finaid/forms) to the Lander University Financial Aid Office.
  - Complete and return this form to the Financial Aid Office.

I declare that all the information reported on this document is true and accurate. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature (Required)	Phone #	Date
--------------------------------	---------	------

DATA ENTRY		COUNSELOR REVIEW (circle one)	
RRAAREQ	xxGARD=N - Pending Review	<b>Legal Guardianship documentation Received and Approved:</b> * xxGARD = S      * Update ROANYUD 28 Legal Guardian Verf'd = Y	
Initials/date		<b>Legal Guardianship documentation Incomplete:</b> *xxGARD = I (or M and ROAMESG = GARI if incomplete and something to be mailed back)	
Fwd to Counselor date	<b>Counselors must finalize their review within 60 days of receipt of initial application.</b>	<b>Legal Guardianship Status Not Approved:</b> *RNANAx Legal Guard #5 = uncheck/ none of these apply    *lock RNANA *Recalc Need and update ROAUSDF SAI and trans *RRAAREQ - xxGARD = S , CORRP= E      *Re-track on ROAIMMP unless parent info provided, will track into UNSAR or UNSIGN      *ROAMESG – type note unable to approve	
FSAH AVG		CNSLR Initials and date	