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Phone 660-543-8266 FAX 660-543-8080 Webpage: www.ucmo.edu/sfs 'RFXPHQWV 2QO\ (PDLO ILQDQFLDODVVLVWDQFH;		FDWLRQ	EMNC1
University of Central Missouri Student Financial Services P.O. Box 800 Warrensburg, MO 64093-5178	(PDQFLSD) WOHRGU	ICM use only

Mark this box if you sho

Your response to this FAFS

ion must be verified bfere processing of your (] v aid]digibility can continue. Thereforeplease submit aphotocopy of the degal document that verifies your current (or past) status as an Emancipated Minor. These documents must clearly state your name and must be issued from the court in your state of legal residence the time the court's decision was issued.

Please note: ^ } u outdocuments thatshow a student hasbeen emancipated () Offeaching the age of majority in his/her state of legal residence are not proof of emancipated minor status].v
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The required document ~ • • shouldtbached to this form, which must be signed and dated below. All materials should then be submitted Student FinanciaServices:

Hand carry to:	Mailing Address:
1100 Ward Edwards Bldg.	Student Financial Services
	University of Central Missouri
Fax:	P.O. Box 800
660-543-8080	Warrensburg,MO 640935178

All required legal documents are attached this form.

Student's Signature

Date