



## 2026-2027 Independent Status

*Student Last Name*

*First Name*

*CID Number or SSN*

At the time you completed your 2026-2027 FAFSA application you answered yes to one of the following which requires our office to collect documentation to verify your independent status. **Please mark the appropriate box and submit the required documentation.** If you have provided our office with the documentation previously and your status has not changed mark the box below, sign, date and return.

☐ I have previously provided your office with the required documentation and my status remains the same, refer to the documentation that was submitted previously.

Independent Circumstance	Definition	Documentation Required
<input type="checkbox"/> Orphan	At age 13 or older you had no living parent (biological or adoptive).	Provide a copy of parent's death certificate(s).
<input type="checkbox"/> Foster Child	At age 13 or older, you were in foster care.	Provide a copy of a court's decision verifying you were in foster care.
<input type="checkbox"/> Ward of Court	At age 13 or older you were a dependent/ward of the court.	Provide a copy of a court's decision verifying ward of the court status.
<input type="checkbox"/> Emancipated Minor	You are or were an emancipated minor as determined by a court in your state of legal residence <b>before</b> you reached the age of being an adult in your state.	Provide a copy of a court's decision verifying you are an emancipated minor. The court must be in your state of legal residence. The State of New York <b>does not</b> have an emancipation of minor statute.
<input type="checkbox"/> Legal Guardianship	You were in <b>legal guardianship</b> (other than a biological/adoptive parent) before you reached the age of being an adult in your state.	Provide a copy of a court's decision verifying you are in " <b>legal guardianship</b> " <b>not custody</b> . The court must be in your state of legal residence.
<input type="checkbox"/> Dependents (other than your children or spouse)	You have dependents other than your children or spouse who live with you and receive more than half of their support from you, now and through June 30, 2027.	Provide a written explanation why the dependent resides with you, their name and relation to you and how you are supporting them.
<input type="checkbox"/> None of the Above	You cannot provide supporting independence documentation.	If you have other special circumstances that prevent you from providing parent information on your FAFSA please contact us at the phone number or email below. If you do not you must make corrections to your FAFSA to include parent information.

By signing this form I verify that the information reported is accurate and I understand I must attach the documentation required above or I will not be considered an independent student for financial aid purposes.

*Student Signature*

*Date*

Return to: 1 Academic Drive, Corning, NY 14830 • Attn: Financial Aid • Phone (607) 962-9875 • [eacenter@corning-cc.edu](mailto:eacenter@corning-cc.edu)