

Ward of the Court Verification

Student Name: _____

Date of Birth: _____

Current Mailing Address: _____

County Contact Tel Number: _____

County Identification Number: _____

Start Date of Wardship: _____

Close Date of Wardship: _____

This letter is to confirm that _____ was under the supervision and care of the
Student Name

court until the age of 18 in _____ from _____
Name of County Start Date or Wardship

to _____.
Close Date of Wardship

_____ was placed in out-of-home care in a foster care placement. This means
Student Name

that _____ is considered a "ward of the court" for the purpose of
Student Name

responding to questions on the Free Application of Federal Student Aid (FAFSA).

Signature

Date

Print Name

Title

Agency