

**Appalachian State University
Scholars with Diverse Abilities
Proof and Acknowledgement of Guardianship**

I am my own legal guardian.

Circle one: Yes No

Applicant Signature: _____

If yes, stop here. If no, continue.

Proof and Acknowledgement of Guardianship

**COMPLETE THIS FORM ONLY IF LEGAL GUARDIANSHIP HAS BEEN FILED
(A copy of the court ordered guardianship paperwork needs to be attached to this form)**

This is to acknowledge that even though my child is over the age of eighteen (18), and I am his/her legal guardian.

I have attached a copy of the court-ordered guardianship.

Parent/Guardian Signature

As the applying student, I, _____, acknowledge that the all documents, information and records related to my participation in the Scholars with Diverse Abilities Program may be shared with my legally appointed guardian.

Student: _____