



VERIFICATION OF SEPARATION AS MARITAL STATUS

Student Name:		_ Student ID: _	
Your application for financial aid indicates that as of the date the FAFSA was completed your marital status was "separated" OR your parent's marital status was "separated/divorced". To complete our process, additional documentation is required verifying your OR your parent's marital status.			
1. Complete the following statem			
I, certify the (Print student's or parent's name)	nat I am separat	ed or divorced from my spous	e,, (Print spouse's name)
as of (Date of Separation or Divorce)			
(Bate of Separation of Divorce)	Check the bo	ox that applies:	
We no longer resid	e together and	e together, and plan to obtain are divorced (Skip section 2). ried (Correct marital status on FAF	
2. Provide one of the following do	ocuments:		
 A copy of legal separation doc A copy of any pre-divorce doc A copy of a utility bill and a co 	uments from ar	•	rate physical addresses.
No further action can be taken in documentation is submitted.	determining fin	ancial aid eligibility until this	form and the required
Acknowledgement: I certify that the above information is true and accurate to the best of my knowledge.			
Parent Signature (if applicable)	Date	Student Signature	Date

WARNING: If you purposely give false or misleading information, you may be fined, sentenced to prison, or both.