Student Name: ____________________________ Student ID: __________________

In order to determine eligibility for Financial Aid, our office is required by the Department of Education to verify any information required on the Free Application for Federal State Aid (FAFSA).

When completing this form, please keep in mind the following program restrictions:
• Complete this form in its entirety. (Yes, no, and if a question does not apply, N/A or 0 may be used.)
• This form must be signed and dated by the person completing.

Parent Name: _______________________________

Choose and complete the appropriate numbered statement below:

☐ 1. I am divorced. Attached a copy of divorce decree.
☐ 2. I am currently legally separated from my spouse. As of __________(date)
   Attach a copy of legal separation paperwork if marked.
☐ 3. I am currently, but not legally, separated from my spouse as of __________(date). I began the legal process on __________(date) and I anticipate this separation to be permanent.
   Attach documentation from attorney or legal aid showing pursuit of inquiry regarding divorce or legal separation if marked.
☐ 4. I am currently, but not legally, separated from my spouse as of __________(date), and I have not begun the legal process for the following reason(s): ________________________________
   My spouse and I operate separate households, our separation is permanent, and my spouse will not reside in the unit.
☐ 5. I am widowed (Attached a copy of spouse Death Certificate)
☐ 6. I am remarried. As of __________(date).
☐ 7. I am single.

I verify that the information provided above is true and accurate to the best of my knowledge, information, and belief. I understand that intentionally providing false information could result in penalties of fraud punishable under State and Federal Regulations. If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

_________________________________________          ____________________________
Applicant Signature                          Date

_________________________________________          ____________________________
Parent Signature                              Date

Subscribed and sworn to me before under oath this _______ day of ________________________ .

_________________________________________          ____________________________
Printed Name of Notary Public                  Signature of Notary Public

Notary Public, State of ________________ . My commission expires on ________________ .