

- ❖ We have conflicting information regarding your or your parent's marital status.
- ❖ Please indicate your status in the space provided below. **PLEASE COMPLETE IN INK.**
- ❖ The information you provide will be used to verify, update, or correct the information provided on the FAFSA.
- ❖ **The Financial Aid Office reserves the right to request additional documentation necessary to determine your status.**

A. Student's Marital Status

Student Name

Student ID/SSN

(Please check the box that applies to you)

- I am single; never been married.
- I am not married; however, my partner and I live in one household.
- I am married. Date of marriage: _____
- I am married; however, I am separated from my spouse. Date of separation: _____
- I am divorced. Date of divorce: _____
- I am widowed. Date became widowed: _____

B. Parent's Marital Status *(if student is Dependent)*

_____ and/or _____
Parent 1 Name Parent 2 Name

(Please check the box that applies to your parents)

- I am single; never been married.
- I am not married; however, my partner and I live in one household.
- I am married. Date of marriage: _____
- I am married; however, I am separated from my spouse. Date of separation: _____
- I am divorced. Date of divorce: _____
- I am widowed. Date became widowed: _____

C. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. A parent's signature is required for dependent students.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature

Date

Parent Signature *(if student is Dependent)*

Date