Student's Last Name: _____ Student's First Name: _____ Student ID: _____

Please provide the following information regarding the marital status of the parent(s) you reported on your Free Application for Federal Student Aid (FAFSA). You should report the marital status **AS OF THE DAY** you originally completed your FAFSA.

Parent 1/Step-Parent 1 Name _____

Parent 2/Step-Parent 2 Name _____

Check one box and enter a date, if applicable. *Please be sure to attach all required documentation.*

☐ **Never married**

☐ **Unmarried and both parents live together**

☐ **Married/Remarried**

Date Married/Remarried: _____/_____/_____
(Circle One)   Month   Day   Year

Required Documentation: Copy of marriage certificate

☐ **Divorced**

Date Divorce Finalized: _____/_____/_____
                                        Month   Day   Year

Required Documentation: Copy of divorce decree

☐ **Separated**

Date Separated: _____/_____/_____
                                Month   Day   Year

Required Documentation: Provide proof of address for each parents/step-parents. Examples: copies of utility bills, rental/lease agreements, paystubs, etc.

☐ **Widowed**

Date Widowed: _____/_____/_____
                            Month   Day   Year

Required Documentation: Copy of death certificate

CERTIFICATION:
WE certify that all information on this form is true, complete and accurate. Upon request we agree to provide additional proof of the information reported on this form. **Warning:** If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

_____   _____
Student Signature   Date

_____   _____
Parent Signature   Date