



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID

**DEPENDENT STUDENTS**

Complete this form for the parent whose information was included on the FAFSA and verification paperwork.

\_\_\_\_\_  
*Father/Stepfather's Name*

\_\_\_\_\_  
*Mother/Stepmother's Name*

The marital status for this parent is (check one):

- Single     
  Widowed     
  Divorced     
  Separated     
  Married/Remarried

Enter the effective date for the marital status listed above. Month \_\_\_\_\_ / Year \_\_\_\_\_

List the physical addresses for both separated spouses:

Student and/or Parent physical address: \_\_\_\_\_

Spouse's physical address: \_\_\_\_\_

**Certification & Signatures:** *My signature certifies that all information is complete and correct.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature (Dependent student only)*

\_\_\_\_\_  
*Date*

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**INDEPENDENT STUDENTS**

Your current marital status is (check one):

- Single     
  Widowed     
  Divorced     
  Separated     
  Married/Remarried

Enter the effective date for the marital status listed above. Month \_\_\_\_\_ / Year \_\_\_\_\_

Student Physical address: \_\_\_\_\_

Spouse's physical address: \_\_\_\_\_

**Certification & Signatures** *My signature certifies that all information is complete and correct.*

\_\_\_\_\_  
*Student Signature (Independent Student only)*

\_\_\_\_\_  
*Date*

***If you purposely give false or misleading information you may be fined, sentenced to jail, or both.***