



## Marital Status Statement

It appears there may be a conflict with your current marital status information as provided on your FAFSA. Please complete this form with the marital status **as of your FAFSA completion date**, ensuring it is signed and dated.

*Note: This information is required in order move forward with financial aid award review/processing. If you need further assistance or have questions regarding this form, please contact the Student Services Counselor.*

**Student Name** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

Please select one of the following (providing full date 'mm/dd/yy' if applicable):

- Single** (never married)
- Married**                      Date: \_\_\_\_\_
- Separated**                      Date: \_\_\_\_\_
- Divorced**                      Date: \_\_\_\_\_
- Widowed**                      Date: \_\_\_\_\_

**Comments** (if you would like to provide further comments or information pertaining to the above statuses, please provide them here):

---



---



---

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

**Spouse Signature** (\*if applicable) \_\_\_\_\_ **Date** \_\_\_\_\_