

Student Name: _____

SSN (Last Four Digits) _____

D. Parent(s) Marital Information To Be Verified

MARITAL STATUS

Parent's Current Marital Status (Please check one):

Single: _____ Married/Remarried: _____ (Date: _____) Separated: _____ (Date: _____)

Divorced: _____ (Date: _____) Widowed: _____ (Date: _____)

E. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Print Student's Name
(Blue or black ink, no electronic signatures accepted)

Date

Student's Signature
(Blue or black ink, no electronic signatures accepted)

Date

Parent's Signature
(Blue or black ink, no electronic signatures accepted)

Date