2020-2021 Parents Marital Status Form

STUDENT:________________________

FIDN#: A___________________

Your parents’ marital status requires clarification. Please indicate the marital status of your parents’ as of the date the FAFSA was filed:

_______ Married *

_______ Separated *

_______ Divorced *

_______ Single

_______ Widowed *

___/_____ *Indicate the month and year your parents became married, separated, divorced, or widowed.

I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature. If you (the student) are independent, only the student signature is needed.

_______________________________
Student’s Name (Print)

_______________________________
Student’s Signature

_______________________________
Date

_______________________________
Parent’s Name (Print)

_______________________________
Parent’s Signature

_______________________________
Date

Office of Student Financial Services
Rose Hill Campus | 441 East Fordham Rd. | Bronx, NY 10458
Lincoln Center Campus | 113 West 60th St. | New York, NY 10023
Phone: 718-817-3800 | Fax: 718-817-3921

Rev. 11/2019