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2027-2028 Parents Marital Status Form

STUDENT: _____ FIDN#: A _____
Last Name First Name

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
- ☐ Unmarried and Living Together
- ☐ Widowed *

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

By signing this form, 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 handwritten signature. *We do not accept electronic signatures.*

Student's Name (Print)

Student's Signature

Date

Parent's Name (Print)

Parent's Signature

Date