Marital Status Verification

STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT NUMBER: _____ STUDENT PHONE NUMBER: _____

We have received your Free Application for Federal Student Aid (FAFSA) results. **The marital status you reported for yourself (or parent if dependent) on your FAFSA does not agree with the IRS Tax Return filing status.** We cannot continue to process your financial aid application until we receive the required documentation as determined below. Please answer **all** questions below and submit this form to the Financial Aid Office. This information will be used to verify, update or correct the information provided on your FAFSA.

FOR <u>DEPENDENT</u> STUDENTS ONLY:

Parent(s) marital status	Effective Date of marital status
☐ Married/ Remarried	
☐ Divorced	
☐ Separated* (complete page 2)	
☐ Single	
☐ Widowed	

FOR <u>INDEPENDENT</u> STUDENTS ONLY:

Student's marital status	Effective Date of marital status
☐ Married/ Remarried	
☐ Divorced	
☐ Separated* (complete page 2)	
☐ Single	
☐ Widowed	

*If you (or your parent) answered "separated" on this form, you must submit the Certification of Marital Separation (page two of this form). If you are not currently separated, you do not have to complete page two.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
  Parent's signature required for dependent students only

You may submit this form in person at the Financial Aid office or one of the other submission options below:

Dothan Campus		*Eufaula Campus*	
Mail:	1141 Wallace Drive	Mail:	P.O. Drawer 580
	Dothan, AL 36303		Eufaula, AL 36072
Email:	finaid@wallace.edu	Email:	finaid@wallace.edu
Fax:	334-556-2523	Fax:	334-687-3128

Certification of Marital Separation

(To be completed only if you answered "separated" on page 1)

STUDENT NAME: _____

STUDENT NUMBER: _____

*If you are a **dependent** student, **your parent** must complete this form clarifying **their marital status**.

*If you are an **independent** student, **you** must complete this form clarifying **your marital status**.

I, _____, do hereby certify that my current marital status is separated from my spouse, _____, since _____/_____. I certify that we are and have continued living separated and the marriage is severed.

Currently, I reside at:

Name: _____

Physical Street Address: _____

City, State, and Zip Code: _____

And my separated spouse resides at:

Name: _____

Physical Street Address: _____

City, State, and Zip Code: _____

Certification and Signature Each person signing this form certifies that all the information on it is complete and correct.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
        Parent's signature required for dependent students only

You may submit this form in person at the Financial Aid office or one of the other submission options below:

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	Dothan, AL 36303		Eufaula, AL 36072
Email:	finaid@wallace.edu	Email:	finaid@wallace.edu
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