

Marital Status Confirmation**2021-2022**

Student's Name (PRINT): _____ Phone: (____) _____

SSN: _____ Date of Birth: ____/____/____

You or your parents' marital status on your financial aid application may be in conflict. EGCC must verify the marital status reported on the Free Application for Federal Student Aid (FAFSA). The conflicting information must be resolved prior to EGCC awarding or disbursing financial aid funds. Please complete the information requested below. If there are differences between this information and the FAFSA reported data, EGCC will make the corrections electronically.

STUDENT MARITAL STATUS

Please check ONE of the following regarding your marital status:

- I have never been married.
- I am married. Date of Marriage: _____
- I am in a common law marriage - Date of union: _____ State of union: _____
- I am married; however, I am separated from my spouse. Date of Separation: _____
Address of spouse: _____
- I am divorced. Date of Divorce: _____

PARENTS' MARITAL STATUS

Please check ONE of the following regarding the marital status of the parent(s) reported on the FAFSA:

- My parents have never been married but are living in the same household.
- My parents have never been married and are living in separate households.
- My parents are in a common law marriage - Date of union: _____ State of union: _____
- My parent/step-parent listed on the FAFSA is married/remarried. Date of Marriage: _____
- My parent/step-parent is married, however they are currently separated.
Date of Separation: _____
Address of each parent:
Parent 1. _____
Parent 2. _____
- My parent(s) is/are divorced and are not remarried to a step-parent. Date of Divorce: _____

OTHER (please explain): _____

_____**Certification**

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both. If student is dependent, one parent whose information was reported on the FAFSA must sign and date this form.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Parent Printed Name: _____