	2014 – 2015 Award Year
Financial Aid Office	
Student Name:	Student ID or SSN:
Verification	of Marital Status
, (Print Student or Parent Name)	
(Print Estranged Spouse's Name)	On(Date Separated)
tudent (or parent, if dependent) Signature	(Signature)
Student (or parent, if dependent) Signature	
	(Signature) WARNING: If you purposely give false or misleading information on this form, you may be fined, be
Do not mail this document to Submit this document to the fin	(Signature) WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.
Do not mail this document to Submit this document to the fin You should make a copy o	(Signature) WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.
Submit this document to the fin You should make a copy o Robeson Community College / Financial	(Signature) WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.