



Financial Aid Office

Student Name: _____ Student ID or SSN: _____

Verification of Marital Status

I, _____, separated from my spouse
(Print Student or Parent Name)
_____ on _____
(Print Estranged Spouse's Name) (Date Separated)

I understand that by signing this form, I am verifying that the information is true and accurate to the best of my knowledge.

Student (or parent, if dependent) Signature _____
(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 the U.S. Department of Education.
Submit this document to the financial aid administrator at your school.***

You should make a copy of this document for your records.

Robeson Community College / Financial Aid Office / PO Box 1420 Lumberton, NC 28360

Completed form may be faxed to 910.618.5686 or emailed to finaid@robeson.edu