



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](mailto:finaid@robeson.edu)