

OFFICE OF STUDENT FINANCIAL AID ROBESON COMMUNITY COLLEGE Student Center Building 13 PO Box 1420 Lumberton, NC 28359

2020-2021 Verification of Separation Status

T 910.272.3352

F 910.272.3314

Email: finaid@robeson.edu
Website: https://www.robeson.edu/fa/

Student's Name:	StudentIDCity/State/ZipEmail:	
Address:		
Phone #:		
This document needs to be con	mpleted by: □Separated Student	☐ Separated Parent
You must sign this form in the	presence of a notary. The Financial Aid Staff	may not provide notarization.
I, (print your full name)	, am sep	parated from my spouse,
(print spouse's full name)	, as of	
We are no longe	r residing together and plan to obtain a	divorce.
My address is: Street		Apt
City	State	Zip
My spouse's address is: Street		Apt
City	State	Zip
	, , , , , , , , , , , , , , , , , , , ,	ons or organizations:
	ain, or the Unit S-1 Personnel Office.	services Office, the Office
For civilians: A Letter is re	quired from a clergyperson, an attorney	, or your employer.
Separated Person's Signature	Date:	<u>-</u>



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Notary's Certificate of Acknowledgement	Notary Stamp or Seal
State of	
County of	
On (Date), before me (Notary's Name),,	
personally appeared (Printed name of signer),	
and proved to me on the basis of satisfactory evidence of identification (indicated in	
Section A above) to be the above-named person who signed the foregoing	My commission Expires:
instrument.	
NOTARY SIGNATURE (If applicable) DATE	