

Return Information to: CSC START Office 1000 Main Street, Chadron NE 69337

> Fax to: (308) 432-6474 Phone: (308) 432-6061

2023-2024 Dependent Marital Status

| Student's Last Name Student's First Name Student's M.I. Student's Home Phone Number (include area code) | | Student's NUID or Social Security # Student's Alternate or Cell Phone Number | |
|---|-----------------|---|------------------------------------|
| | | | |
| 1. WHAT IS YOUR PARENTS' MARITAL STATUS AS OF TODAY? | | 2. WHAT IS YOUR MARITAL STATUS AS OF TODAY? | |
| Date of Status: NEVER MARRIED MARRIED/REMARRIED Date: DIVORCED/SEPARATED Date: UNMARRIED AND BOTH PARENTS LIVING TOGETHER | □ MAF | GLE ARATED RRIED/REMARRIED DRCED or WIDOWED | Date of Status: Date: Date: Date: |
| Certification and Signature: Each person signing below certifies that all of the information whose information was reported on the FAFSA must sign and of the WARNING: If you purposely give false or misleading info | date. *Electron | ic signatures are not a | ccepted.* |
| STUDENT'S SIGNATURE: | | DA | TE: |
| PARENT'S SIGNATURE: | | DA' | TE· |