



Student Name: \_\_\_\_\_ Student NUID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Marital Status Verification

**Please Note:** Your Parents' and/or your Marital Status reported on your FAFSA are conflicting with your/your parents' tax return filing status reported. We are required to verify the accuracy of information reported on your FAFSA and to make corrections if necessary. Federal aid awards cannot be finalized or paid to the student account until the following questions have been answered. Please complete this form and return as soon as possible.

**1. What is your parents' marital status as of today?**

	<i>Date of Status:</i>
<input type="checkbox"/> NEVER MARRIED	_____
<input type="checkbox"/> MARRIED/REMARIED	Date: _____
<input type="checkbox"/> DIVORCED/SEPARATED	Date: _____
<input type="checkbox"/> WIDOWED	Date: _____
<input type="checkbox"/> UNMARRIED AND BOTH PARENTS LIVING TOGETHER	_____

**2. What is your marital status as of today?**

	<i>Date of Status:</i>
<input type="checkbox"/> SINGLE	_____
<input type="checkbox"/> SEPARATED	Date: _____
<input type="checkbox"/> MARRIED/REMARIED	Date: _____
<input type="checkbox"/> DIVORCED or WIDOWED	Date: _____

### Certification and Signature:

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **\*Electronic signatures are not accepted.\***

**WARNING:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return Information to: CSC START Office  
1000 Main Street, Chadron NE 69337  
Phone: (308) 432-6061