

STUDENT INFORMATION

Student Name _____

Banner ID + _____

STUDENT: What was your marital status as of the date you filed the FAFSA? (check line below)

- single
- divorced/separated
- married/remarried
- widowed

Please provide the month and year you were married, separated, divorced or widowed: _____

CERTIFICATION: I certify that all the information reported above to qualify for federal student aid is complete and correct.

Student Signature (required)

Date

For office use only: