

Marital Status Confirmation Form

Student's Name (PRINT): _____ Phone number: _____

LeeCollege ID: _____ Date of Birth: ____/____/____

You or your parents' marital status on your financial aid application may conflict. Lee College must verify the marital status reported on the Free Application for Federal Student Aid (FAFSA). The conflicting information must be resolved before Lee College awards or disburses financial aid funds. Please complete the information requested below. If there are differences between this information and the FAFSA-reported data, Lee College will make the corrections electronically.

STUDENT MARITAL STATUS

Please check ONE of the following regarding your marital status:

I have never been married.

I am married. Date of Marriage: ____/____/____

I am in a common law marriage: Date of Union: ____/____/____ State of Union: _____

Am married; however, I am separated from my spouse. Date of Separation: ____/____/____

Address of Spouse: _____

Am divorced. Date of Divorce: ____/____/____

PARENTS' MARITAL STATUS

Would you please check ONE of the following regarding the marital status of the parent(s) reported on the FAFSA:

My parents have never been married but live in the same household.

My parents have never been married and are living in separate homes.

My parents are in a common-law marriage Date of Union: ____/____/____ State of Union: _____

Parent/step-parent listed on the FAFSA is married/remarried. Date of Marriage: ____/____/____

My parent/step-parent is married; however, they are currently separated. Date of Separation: ____/____/____

Parent 1 Address: _____ Parent 2 Address: _____

My parent(s) is/are divorced and are considered single. Date of Divorce: ____/____/____

OTHER(Please Explain): _____

CERTIFICATION

- By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentences, or both. If the student is dependent, one parent whose information was reported on the FAFSA must sign and date this form.

Student Signature: _____ Date: _____

Parent Signature: _____ Print Parent Name _____