



NMSU DACC
MSC 3DA
P.O. Box 30001
2800 N. Sonoma Ranch Blvd, DASR 109
Las Cruces, NM 88011
Phone: 575-528-7000 Fax: 575-528-7474

Certification of Marital Status

Student: _____ Aggie ID: _____
LAST FIRST MI

Email: _____ Phone: _____ Semester/Year: _____

The Marital Status provided is for the: [] Student [] Parent

Please select your current marital status and provide the date of this occurrence. If more than one marital status occurred during the span of one year, select each one and provide their dates.

- [] Married Date of Occurrence: _____
[] Separated Date of Occurrence: _____
[] Divorced Date of Occurrence: _____
[] Widowed Date of Occurrence: _____
[] Unmarried & Living Together Date of Occurrence: _____
[] I have never been married.

Certification Warning: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which many include fines or imprisonment under the United States Criminal Code and 20 U.S.C. 1097.

By signing the following document, I acknowledge this statement, and certify that the information is complete and correct to the best of my knowledge. WET SIGNATURE REQUIRED.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return this form to the Financial Aid Office at your primary campus.