

## 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.

<input type="checkbox"/> Married	Date of Occurrence: _____
<input type="checkbox"/> Separated	Date of Occurrence: _____
<input type="checkbox"/> Divorced	Date of Occurrence: _____
<input type="checkbox"/> Widowed	Date of Occurrence: _____
<input type="checkbox"/> Unmarried & Living Together	Date of Occurrence: _____
<input type="checkbox"/> 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 may 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.**