



2011-12 Financial Aid

Marital Separation Verification

Student Information			
Student's Last Name:	First Name:	MI:	Student ID/Soc. Sec No.
Date of Separation:			
If the separated individual is someone other than the student, please provide additional information.			
Last Name:	First Name:	MI:	Soc. Sec No.
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father			Date of Separation:
Is this the first time that you have requested an income reduction based on marital separation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, When?			
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____			

I certify that to the best of my knowledge the above stated individual is currently separated from his/her spouse and is not presently living with that spouse. I certify that the information provided herein is true and correct to the best of my knowledge.

Student Signature:	Date:
Parent Signature (if applicable):	Date:

Witness Certification

Please Print

Last Name:	First Name:	MI:
Address:	City:	State:
Phone Number:		

Witness Signature:	Date:
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The Lone Star College System is committed to the principle EEOC. LSCS does not discriminate against individuals on the basis of race, color, gender, religion, disability, age, veteran status, nationality or ethnicity in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs, and other district or college administered programs and activities.

__ Approved __ Denied

Signature _____

Date _____