

Southeastern Louisiana University
Verification of Marital Status

Office of Financial Aid
SLU 10768
Hammond, LA 70402

Phone: 985-549-2244
Fax: 985-549-5077

Student's Name: _____

University ID: W

(required)

INSTRUCTIONS TO STUDENTS and/or PARENTS: You are completing this form to verify your marital status **as of the date** the FAFSA was filed. You are certifying this information to be true and correct.

I, _____, certify that I was
(Name)

_____ as of the date student's FAFSA was filed.
(Married / Remarried, Never Married, Divorced / Separated, Widowed)

As of today, my marital status is _____
(Married / Remarried, Never Married, Divorced / Separated, Widowed)

I/We reside at _____
(Physical Address- NO P.O. Box)

If married, the name of my spouse is _____

The date of birth for my spouse is _____

The date we were married or began living together is _____

If you are currently married, but were separated during the tax year, list the date of separation

If separated/divorced, the date of separation/divorce was _____

My spouse resides at _____
(Physical Address - NO P.O. Box)

Comments: _____

Please read, sign and date.

If you are the parent or the student, by signing this form you agree, if asked, to provide information that will verify the accuracy of this completed form. This information may include your U.S. or state income tax forms, divorce decree, utility bills, etc. Also, you certify that you understand that **the Secretary of Education has the authority to verify information reported on this form with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.**

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

FAA Comments : _____