

## **Certification of Marital Status**

Student:			Aggie ID:
	LAST	FIRST	MI
Email:		Phone:	Semester/Year:
The Marit	tal Status provided is for the:	Student	Parent
	-	-	this occurrence. If more than one marital
status occ	curred during the span of one y	ear, 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.		

<u>Certification Warning</u>: 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.