**2024-2025 Marital Status Verification Form**

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| **Section A:** | **Student Information** | | | |
|  | | |  | |
| Last Name | | | First Name | |
|  | | |  | |
| Student ID | | | Phone Number | |
|  | | |  |  |
| Street Address | | | City, State Zip Code | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **The 2024-2025 Free Application for Federal Student Aid (FAFSA) conflicts with other information you have provided. Please review the information below and answer appropriately, as of today.** | | | | | | | **Section B:** | **Independent Students**  **(Only complete this section if you were not required to provide parent information on the FAFSA.)** | | | | | | **What is your current marital status?**  (Check the box that applies.) | | Married  Single | | Separated  Divorced/Widowed | | | **Month and Year that the above status begin?**  (Only for Married/Separated/Divorced/Widowed) | |  | | | | | **Section B:** | **Dependent Students**  **(Only complete this section if you were required to provide parent information on the FAFSA.)** | | | | | | **What is your parent’s current marital status?**  (Check the box that applies.) | | Married  Single | | | Separated  Divorced/Widowed | | Never married, but living together | | | | | **Month and Year that the above status begin?**  (Only for Married/Separated/Divorced/Widowed) | |  | | | | | **Section D:** | **Certifications and Signatures** | | | | | | Each person signing below certifies that all of the information reported is complete and correct.  The student and one parent whose information was reported on the FAFSA must sign and date.  **When submitting documents electronically, please use your Kishwaukee College student email.  Documentation from any other email address may not be acceptable.** | | | | | | |  | | |  | | | | Student Signature | | | Date | | | |  | | |  | | | | Parent Signature (If student is dependent) | | | Date | | | |  | | | | | | | | | | |
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