2016-17 Student Marital Status

Print Student’s Name ___________________________ NUID ___________________________

You have submitted conflicting information concerning your marital status. Please answer the following questions:

What is your marital status?

☐ Never married Date _____________

☐ Married Date _____________

☐ Remarried Date _____________

☐ Divorced Date _____________

☐ Separated Date _____________

☐ Widowed Date _____________

Explanation if needed:

Certification and Signature

The individual signing below certifies that all of the information reported is complete and correct. If discrepancies continue, you will be asked to provide additional documentation in order to update the FAFSA.

________________________________________ ________________________
Student’s Signature (Required) Date