

Victoria College

Financial Aid Office

2200 E. Red River, Victoria, TX 77901 (361)572-6415 Fax: (361)572-6493
financialaid@victoriacollege.edu

Verification of Marital Status 2017-2018

Student Name _____ V# _____
Current Address _____ City, State, Zip _____

STUDENT INFORMATION

Student's Marital Status as of December 31, 2015: ___ Single ___ Married ___ Divorced ___ Separated
Date of status: _____ (If married, legally or through common law marriage)

Student's Marital Status on the date the FAFSA was completed: ___ Single ___ Married ___ Divorced ___ Separated
Date of status: _____ (If married, legally or through common law marriage)

If divorced, what date was the divorce final: _____
State and county where it was filed: _____

If separated, name of separated spouse: _____
Spouse's current address: _____

If separated, you must submit evidence of the separation (such as separate utility bills); attach a statement explaining why you are not seeking a divorce; and a statement from a third party (not a relative or friend) who can verify your separation status.

Student Signature _____ Date _____

PARENT INFORMATION (dependent students only)

Parent's Marital Status as of December 31, 2015: ___ Single ___ Married ___ Divorced ___ Separated
Date of status: _____ (If married, legally or through common law marriage)

Parent's Marital Status on the date the FAFSA was completed: ___ Single ___ Married ___ Divorced ___ Separated
Date of status: _____ (If married, legally or through common law marriage)

If divorced, what date was the divorce final: _____
State and county where it was filed: _____

If separated, name of separated spouse: _____
Spouse's current address: _____

If separated, you must submit evidence of the separation (such as separate utility bills); attach a statement explaining why they are not seeking a divorce; and a statement from a third party (not a relative or friend) who can verify their separation status.

By signing this statement I understand that I am verifying that this is my current marital status. I understand that this information will be used by the Victoria College Financial Aid Office to determine the student's eligibility for federal and state financial assistance. I understand that this information is confidential and will not be used for any other purpose than to verify the student's and/or their parent's marital status for financial aid purposes.

Parent Signature _____ Date _____