

2018-2019 Marital Separation Verification

Student Name: _____ Murray State Student ID# (M#) _____

The Office of Financial Aid has received a request to adjust the Free Application for Federal Student Aid (FAFSA) for either a change to you or your parents' marital status due to divorce or separation.

For this reason, you must provide the following to substantiate the request. **All circumstances require accurate and complete supporting documentation before consideration and review.** Any additional documents that you believe beneficial to your family's current situation should be included. If additional information is required, you will be contacted once reviewed.

- *The separation or divorce must be finalized prior to October 15th or March 15th per the first term of attendance for the student*
- *Once the above date has been met, the Professional Judgment Request may be submitted any time during the aid year during the appropriate semester.*

I, _____, am divorced/separated from my spouse, _____, as of
(Student/Parent Name) (Spouse/Parent Name)
 _____ We are no longer maintaining the same residence.
(Date of Divorce/Separation)

Address of student / parent 1 _____
(Street ~ City ~ State ~ Zip)

Address of spouse / parent 2 _____
(Street ~ City ~ State ~ Zip)

Has Legal Action been filed for either divorce or separation? Yes _____ No _____

Date of divorce _____ / _____ / _____ (Month - Day - Year)

Date of separation _____ / _____ / _____ (Month - Day - Year)

Please submit the following for you, your spouse, and/or your parent(s), whichever is applicable.

- Copy of the divorce decree
- Copy of Legal Separation Agreement
- Letter from attorney confirming separation, including attorney's contact information
- Or
- Notarized Letter from the student / parent confirming the separation
- Notarized letters indicating addresses for you and your spouse and/or parents
- Copy of 2016 Federal Tax Transcript for you and your spouse and/or parents; which may be obtained from the IRS at 800-908-9946 or irs.gov.
- Copy of 2016 W2(s)

Please complete the following, if applicable.

- \$ _____ Child Support / Cash Payments received during 2016
- \$ _____ Child Support / Cash Payments to be received during 2017
- \$ _____ Other Support benefits received during 2016
- \$ _____ Other Support benefits to be received during 2017

This document must be signed certifying the accuracy of the information provided. Any individual signing this form certifies that all information is complete and accurate. Warning: If any individual purposely gives false or misleading information on this form, he/she may be fined, sentenced to jail, or both.

Murray State University Office of Financial Aid does not allow an electronic signature.

All documentation must be completed with an original signature prior to submission to our office, including via email, mail, or fax.

Student Signature _____ Date _____

Parent / Spouse Signature _____ Date _____