

Financial Aid Office Richmond Community College P. O. Box 1189, Hamlet, NC 28345 Phone: 910-410-1726

Fax: 910-582-7102

2019-2020 Verification of Parent Separation Divorce

Student Name:	SSN.
(Print your full name)	SSN:
Check the appropriate box below and attach	the requested documentation.
☐ Married/Remarried:	am married. Lam not congrated with the intent to diverce
(print parent's name)	_, am married. I am not separated with the intent to divorce.
☐ Divorced:	am currently unmarried and have been divorced from my snouse
(print parent's name)	_, am currently unmarried and have been divorced from my spouse,
	, since (date: month/year)
(print spouse's name)	(date: month/year)
☐ Separated:	and my analysis
(print parent's name)	, and my spouse, (print spouse's name)
	scribing your separation and the circumstances preventing you apers along with one of the following:
o a dated Lease/Rental Agreem	ent that lists the names of the people living in the home
	m the same month (prior to the FAFSA completion date) showing
DSS documentation of qualifya signed letter is required fron	ing household members used with applying for benefits, naclergyman, a lawyer, or your employer on letterhead. nts: A signed letter on letterhead is required from the Family
	Financial Aid office to make corrections to my original and/or subsequent m now submitting. In addition, if I give false or misleading information, I ntence, or both.
Student's Signature:	Date:
Parent's Signature:	Date: