

This form is used to verify demographic information as a result of a mismatch from the information listed on the Free Application for Federal Student Aid (FAFSA). The mismatch information must be resolved before financial aid can be awarded. Please give the information asked below for only the parent(s)/stepparent(s) listed on the FAFSA. **Do not leave any fields blank.**

Last Name	First Name	M.I.	Student ID
Street Address	City	State	Zip
			Phone Number

**1. Please print or type name exactly as it appears on the social security card.**

**Student Information**

First	Last	Date of Birth	Social Security
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**Spouse Information**

First	Last	Date of Birth	Social Security
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**2. Student's Marital Status:** (select one)

a. **PLEASE READ:** If student marital status is divorced or separated, please provide documentation of divorce or separation and proof of income for. if student marital status is married/remarried, please provide income for student and spouse.

Single     
  Married     
  Remarried     
  Divorced     
  Widowed     
  Separated

b. Month and year the marriage, divorce, separation, widow, or cohabitation occurred: \_\_\_\_\_

**3. Family Size Number:** (If more space is needed, provide a separate page with the student's name and ID number at the top)

List below all people that live in the student's household and receive more than half of their support from the student.

Full Name	Age	Relationship	Student Provides More Than Half of Their Support?
		Self (Student)	Yes
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_