



Office of Financial Aid

1704 S. Slappey Blvd.

Albany, Ga 31701

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Fax: 229-430-3505

Verification of Marital Status 2019-20 School Year

Student Name: _____

Student ID: _____

A student's/parent's marital status for financial aid purposes is their status as of the date they first complete their Free Application for Federal Student Aid (FAFSA) for the year. Marital status cannot be projected and it can only be updated in limited circumstances such as:

- To address an inequity or to reflect more accurately the applicant's ability to pay. Such a decision must be on a case-by-case basis, and a reason for it must be documented.
To resolve conflicting information concerning a student's eligibility. If there is reason to believe a student's application information is incorrect, the discrepancies must be resolved before disbursing FSA funds. If discrepancies are discovered after disbursing FSA funds, the conflicting information must still be resolved.

Requirements

Students requesting review for a change in marital status or students selected for marital status verification must complete the required information below and attach the following documents:

Please explain why student/parent has not divorced spouse (if applicable)

Date Married: _____ Date Separated: _____ Date Divorced: _____

Date student/parent last had contact with spouse: _____

Table with 2 columns: Student/Parent Information, Spouse Information. Includes address instructions and a note about Post Office Boxes.

Please attach finalized court documents regarding your marital status (marriage certificate, divorce decree, etc.), OR a notarized letter from one relative and a letter (on letterhead) from an authority figure (lawyer, preacher, DFACS, etc.) as to student/parent relationship with your spouse or former spouse.

All documents must be submitted to the financial aid office at the same time, without exception. If you are unsure as to the completeness of your documentation or if you need clarification on any of the above, please speak to a financial aid representative prior to submitting any documentation.

Certification Statement

I certify that the information on this form is complete and correct to the best of my knowledge. I also understand that if I give false or misleading information, I may be fined, jailed, or both.

Student Signature: _____ Date: _____

Parent Signature: (if applicable) _____ Date: _____