



Student name (Last name, First name)	
A-State ID number	Cell phone number

✓	Parent Marital Status	Effective Date	Documentation Required**
	Never married	N/A	N/A
	Married/remarried		Marriage license ☐ documentation was previously submitted. <i>*If parent is remarried, you must include step-parent information on the FAFSA.</i>
	Divorced		Court documentation ☐ documentation was previously submitted.
	Widowed		a.) Death certificate ☐ documentation was previously submitted. b.) OR , Copy of obituary
	Separated		a.) Letter from a third party to validate separation (i.e., church official, school official, marriage counselor, court document) b.) OR , documentation of two physical addresses (i.e., separate utility bills with each person's name) <i>* Proof of separation must be updated each year.</i>

☐ Other (please explain): _____

X

 PARENT SIGNATURE DATE

Please complete and return to: A-State Office of Financial Aid & Scholarships
Mail: **P.O. Box 1620 State University, AR 72467** Fax: **870-972-2794** Email: **finaid@astate.edu**