

LOUISIANA TECH UNIVERSITY Office of Financial Aid

Proof of Parental Separation 2023-2024

Dependent Student

Your financial aid application (FAFSA) indicated that your parents (step-parents) are separated but not divorced. Please complete this form in order for our office to verify your parents' separation status. We must verify the separation as both physical and financial.

| STUDENT'S Last Name | First Name | МІ | STUDENT'S CWID or SSN | | | | | | | |
|--|------------------------------|-----------|-----------------------|-----------------|--------------------|-----|--|--|--|--|
| | | | | | | | | | | |
| PARENT INFORMATION: MUST provide proof of separate residences of both individuals, i.e. copies of three (3) separate utility bills for each parent during the income tax filing year. | | | | | | | | | | |
| Print the name and social | security number of tr | ie parent | whose informat | ion you used to | complete your FAFS | 5A. | | | | |
| PARENT'S Last Name | First Name | МІ | Date of Birth | SSN | | | | | | |
| Current Residential Address (PO Box is ur | nacceptable) | City | | State | Zip | | | | | |
| Date of Marriage Date of Separation | | | | ation | | | | | | |

| Complete the following information about the CURRENT spouse of the person listed above. | | | | | | | | | |
|--|------------|------|---------------|-------|-----|--|--|--|--|
| Spouse's Last Name | First Name | MI | Date of Birth | SSN | | | | | |
| Current Residential Address (PO Box is unacceptable) | | City | | State | Zip | | | | |

By signing this form, you are agreeing that all information is true and correct to the best of your knowledge. If you purposely provide false or misleading information, you may be fined, sentenced to jail or both.

Parent's Printed Name:

Parent's Signature:

Date:

Student's Signature:

Date: