

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272 techaid@latech.edu

Independent Student

Your financial aid application (FAFSA) indicate	ed that you are separated but not divorced.	Please complete this form in order
for our office to verify your separation status.	We must verify the separation as both phy	sical and financial.

STUDENT'S Last Name	First Name	MI	STUDENT'S CWID or SSN			
 STUDENT INFORMATION: MUST provide proof of sepa individual during the income tax Print the name and social secur 	filing year.					
STUDENT'S Last Name	First Name	MI	Date of Birth	SSN		
Current Residential Address (PO Box is unaccepted)	able)	City		State	Zip	
Date of Marriage			Date of Separation	1		
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 unaccep	table)	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.						
Student's Printed Name:						
Student's Signature:			Date:			