



LOUISIANA TECH UNIVERSITY
Office of Financial Aid

Verification of Marital Status 2026-2027

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

INSTRUCTIONS: On the FAFSA, there are questions concerning both Parent and Student marital status and filing status (whichever is applicable). This verification form is used to confirm the information on the FAFSA. Please complete this form and turn in applicable documentation. For Tax Filing Status information, please see IRS Publication 17 and/or 501. If the tax filing status is incorrect, the tax return must be amended to reflect the correct filing status. If a return must be amended, the documentation must be provided to the Office of Financial Aid prior to the FAFSA verification being completed. All conflicting information must be resolved, and verification must be completed before Title IV aid can be disbursed.

STUDENT'S Last Name	First Name	MI	STUDENT'S CWID or SSN	Form Completion Date
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SECTION I: MARITAL STATUS

If the student's FAFSA Dependency Status is **DEPENDENT**, please complete Section I using **PARENT** information. If the Student's FAFSA Dependency Status is **INDEPENDENT**, please complete Section I using **STUDENT** information.

Last Name	First Name	MI	Date of Birth	SSN
Current Residential Address (PO Box is unacceptable)		City	State	Zip
SPOUSE Last Name (If applicable)	First Name	MI	Date of Birth	SSN
Current Residential Address (PO Box is unacceptable)		City	State	Zip
Never Married				
Married (not separated)				
- Name of spouse: _____				
- Please submit a copy of your marriage certificate for your current marriage				
Remarried				
- Name of spouse: _____				
- Please submit a copy of your marriage certificate for your current marriage				
Divorced				
- Name of former spouse: _____				
- Please submit a copy of the divorce decree				
Married, but separated and not living together				
- Date of separation: _____				
- Please submit a copy of the Petition for Divorce, if applicable				
- Please submit copies of three bills from each residence that show the spouses residing separately				
Widowed				
- Name of deceased spouse: _____				
- Please submit a copy of the death certificate				
Unmarried and both legal parents living together				
- Name of the other legal parent: _____				

By signing this statement, we certify that all information in this section is complete and correct.
****If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.****

Student Signature:

Date:

Parent/Spouse Signature:

Date: