

2009-2010 PARENT Marital Separation Form



UNIVERSITY OF NEVADA LAS VEGAS

Financial Aid & Scholarships

4505 Maryland Pkwy, Campus Box 452016, Las Vegas NV 89154-2016
Fax (702) 895-1353 Phone (702) 895-3424

To be Submitted with DEPENDENT Special Circumstances Form

Student's Name: _____ L#: _____

E-mail Address: _____ Phone Number: _____

Local or Mailing Address: _____

PLEASE READ CAREFULLY – AN INCOMPLETE APPEAL WILL DELAY REVIEW

The following is to be completed by the parent of record on the 2009-2010 FAFSA.

Parent of record's legal name _____

When did you separate from your spouse? _____ / _____ (Month/Year, example: 5/2009)

Your spouse's legal name _____

Your spouse's SSN _____ Your spouse's Date of Birth _____ / _____ / _____

Street address where you currently live _____

Your telephone number, including area code (_____) _____ - _____

Street address where your spouse currently lives _____

Telephone number for your spouse, including area code (_____) _____ - _____

Write what constitutes a marital separation between you and your spouse _____

PARENT CERTIFICATION

"I certify the information contained in this statement is true and complete to the best of my knowledge. I also certify that I am separated from marriage as of the date reported in Section A above and after the date my student's original 2009-2010 FAFSA was signed. I understand any false information will be cause for denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under the provision of the U.S. Criminal Code."

NOTE - SIGNATURE MUST BE WITNESSED AND STAMPED BY A NOTARY PUBLIC

Parent's signature

Date

NOTARY STAMP

Date