

This form is used to verify demographic information as a result of a mismatch from the information listed on the Free Application for Federal Student Aid (FAFSA). The mismatched information must be resolved before financial aid can be awarded. Please provide the information asked below for only the parent(s)/stepparent(s) listed on the FAFSA.

_____ Last Name	_____ First Name	_____ M.I.	_____ Student ID
_____ Street Address	_____ City	_____ State	_____ Zip
			_____ Phone Number

1. Please print or type name exactly as it appears on the social security card.

Parent 1 Information

_____ First	_____ Last	_____ Date of Birth	_____ Social Security Number
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Parent 2 Information

_____ First	_____ Last	_____ Date of Birth	_____ Social Security Number
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2. Parent(s) Marital Status: (select one)

a. If parent marital status is divorced or separated, please provide documentation of divorce or separation and proof of income for the parent listed on the FAFSA. **If parent marital status is married/remarried/unmarried-both parents living together, please provide income for parent and spouse.**

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|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Remarried | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed | <input type="checkbox"/> Unmarried – Both Parents Living Together |

b. Month and year the marriage, divorce, separation, widow, or cohabitation occurred: _____

3. Number in Household

a. Number in household to include: Student, parent(s) (based on marital status above) and other people in the household that receive more than half of their support from the parent(s). Number in Household total: _____

b. From the number listed above, how many will be at least a half time student attending a post-secondary educational institution in 2023-2024 (**DO NOT INCLUDE PARENTS**): _____

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Parent 1 Name _____ Parent 1 Signature _____ Date _____

Parent 2 Name _____ Parent 2 Signature _____ Date _____

Parent(s) email address for follow-up questions: _____