

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. **Do not leave any fields blank.**

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 (Contributor) 1 Information**

First	Last	Date of Birth	Social Security Number
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**Parent (Contributor) 2 Information**

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

a. **PLEASE READ:** 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 proof of income for parent and spouse.

- Married
  Remarried
  Divorced  
 Separated
  Widowed
  Unmarried – Parents Live Together

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

**3. Family Size Number:** (If more space is needed, provide a separate page with the student’s name and ID number at the top)

List below all people that live in the parents’ household and receive more than half of their support from the parents.

Full Name	Age	Relationship	Parents Provide More Than Half of Their Support?
		Self (Student)	Yes
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

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: \_\_\_\_\_