

AFFIDAVIT OF BEING SEPARATED OR DIVORCED**NAME OF STUDENT****SOCIAL SECURITY NUMBER**

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IF YOUR **PARENTS** HAVE BECOME LEGALLY SEPARATED OR DIVORCED SINCE THE DATE YOU ORIGINALLY APPLIED FOR STUDENT FINANCIAL AID AND ARE NO LONGER RESIDING IN THE SAME HOUSEHOLD AS REPORTED ON YOUR FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), YOUR PARENT SHOULD COMPLETE THE INFORMATION BELOW:

 I am **LEGALLY SEPARATED**

DATE SEPARATED: _____

 I am **DIVORCED**

DATE DIVORCED: _____

CERTIFICATION

All of the above information on this form and on the above named Student's original Financial Aid Application is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have given on this form. I realize that if I have knowingly provided any false or misleading information on either this form or the Financial Aid Application, I will have to repay any financial aid I may have received based on this information.

SIGN ONLY IN THE PRESENCE OF NOTARY PUBLIC

SIGNATURE OF STUDENT	SIGNATURE OF PARENT	DATE

Subscribed and sworn before me this _____ day of _____ 2007.

My Commission Expires: _____

Signature of Notary Public_____
Address of Notary Public

SEAL