

Office of Financial Aid and Scholarships SFA Box 13052

Nacogdoches, TX 75962-3052 Phone: (936) 468-2403

Fax: (936) 468-1048 finaid@sfasu.edu

## **2023-2024 Proof of Parental Separation Form**

Student Name		Student ID	
Contact Number			
Your financial aid application indicated the form in order for our office to verify your This form must be notarized before being	hat your parents ( r parents' separat	(or step-parents) are separated bu	
PARENT INFORMATION:			
Must provide proof of separate resident	dences of both pa	arents, i.e. copies of separate utilit	y bills.
<ul> <li>Print the name and social security n Federal Student Aid (FAFSA).</li> </ul>	umber of the par	ent whose information you used t	o complete your Free Application for
Parent Name:			
SSN:	Date of Birth		
Current Residential Address(PO Bo	ox is <b>NOT</b> an acceptab	ole address)	
City		State	Zip
Date of Marriage:		Date of Separation:	
Complete the following informa	tion about the $c\iota$	urrent spouse of the person listed	above.
Spouse's Full Name:			
SSN:	Date of Birth		
Spouse's Current Residential Address			
	(PO Box is <b>NOT</b> a	an acceptable address)	
_	City	State	Zip
PARENT SIGNATURE (Notary Required)		By signing this form, you are agreeing that all information on this form is true and correct to the best of your ability. If you purposely give false or misleading information on this	
Signature of Parent			ned, sentenced to jail, or both.
State of Texas			
County of	<del></del>		
Before me	, on this day personally appeared,		
known to me or proved to me through _	(description of II	Card or other document	to be the person whose name is
subscribed above and states under oath			
Given under my hand and seal of office t			, and the second
Notary Public's Signature Last Updated December 5, 2022		(Notary's Personalized Seal)	