

Office of Financial Aid and Scholarships SFA Box 13052

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## 2023-2024 Proof of Student Separation Form

Student Name		Student ID		
Contact Number				
	·	parated but not divorced. Please comp paration as both physical and financial		
STUDENT INFORMATION:				
<ul> <li>Must provide proof of separat</li> </ul>	e residences, i.e. cop	pies of separate utility bills.		
Student Name:				
	Date of Birth			
	(PO Box is <b>NOT</b> an acceptable address)			
<del></del>	City	State	Zip	
Date of Marriage:		Date of Separation:		
Complete the following in				
Spouse's Full Name:	•	·		
		Date of Birth		
•	(PO Box is <b>NOT</b> an acceptable address)			
	City	State	Zip	
STUDENT 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			form, you may be fined, sentenced to jail, or both.	
State of Texas				
County of	· · · · · · · · · · · · · · · · · · ·			
Before me	e me, on this day personally appeared		nred	
known to me or proved to me thro	ugh	of ID card or other document)	to be the person whose name is	
		e information is true and correct to the		
			_	
Given under my hand and seal of o	mice this	day of,,	<del></del>	
Notary Public's Signature		(Notary's Personalizea	l Seal)	