



# SFA Financial Aid Office Proof of Parental Separation Form

SFA Financial Aid Office SFA Box 13052 Nacogdoches, Texas 75962 Phone: (936) 468-2403 Fax: (936) 468-1048

Your financial aid application indicated that your parents (step-parents) are separated, but not divorced. Please complete this form in order for our office to verify your parent's separation status. We must verify the separation as both physical and financial. This form must be notarized before being submitted.

**Student Name:** \_\_\_\_\_

**SSN or CID:** \_\_\_\_\_

**PARENT INFORMATION:**

- **MUST** provide proof of separate residences of both parents, i.e. copies of separate utility bills
- Print the name and social security number of **the parent whose information you used to complete your Free Application for Federal Student Aid (FAFSA).**

\*Parent Name: \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Residential Address \_\_\_\_\_  
(PO Box is not an acceptable address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

- Complete the following information about the current spouse of the person listed above.

Spouses Full Name: \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's current residential address: \_\_\_\_\_  
(PO Box is not 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 form, you may be fined, sentenced to jail, or both.*

\_\_\_\_\_  
\*Signature of parent

State of Texas  
County of \_\_\_\_\_

Before me \_\_\_\_\_, on this day personally appeared  
\_\_\_\_\_, known to me or proved to me through \_\_\_\_\_  
(description of ID card or other document)

to be the person whose name is subscribed above and states under oath that the above information is true and correct to the best of their knowledge and belief.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

(Notary's Personalized Seal)