

Office of Student Financial Assistance SFA Box 13052 Nacogdoches, TX 75962-3052 (936) 468-2403 FAX (936) 468-1048 finaid@sfasu.edu

## 2017-2018 Proof of Parental Separation Form

Student Name		Student ID	
	your parent's separation st	step-parents) are separated but not of atus. We must verify the separation	
PARENT INFORMATION:			
Must provide proof of separate provide	arate residences of both pa	rents, i.e. copies of separate utility bi	lls.
<ul> <li>Print the name and social seederal Student Aid (FAFS)</li> </ul>		ent whose information you used to co	omplete your Free Application for
Parent Name:			
SSN:	(PO Box is <b>NOT</b> an acceptable address)		
Current Residential Address			
	City	State	Zip
Date of Marriage:	Date of Separation:		
		rrent spouse of the person listed abo	
Spouse's Full Name:			
		Date of Birth	
Spouse's Current Residential A	ddress		
	(PO Box is <b>NOT</b> a	(PO Box is <b>NOT</b> 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	<del></del>		sentenced to jail, or both.
State of Texas			
County of			
Before me		, on this day personally appeared,	
known to me or proved to me	through(description of ID	iption of ID card or other document) to be the person whose name is	
		formation is true and correct to the b	
		y of,	
Notary Public's Signature		(Notary's Personalized S	Seal)