

STUDENT NAME: \_\_\_\_\_

Student V#: \_\_\_\_\_

Student's Marital Status as of December 31, 2024 (circle one):

Never Married, Married/Remarried (common law or legally), Divorced, Separated, Widowed  
Date married, divorced, separated or widowed: \_\_\_\_\_

Student's Marital Status as of the date the FAFSA was completed (circle one):

Never Married, Married/Remarried (common law or legally), Divorced, Separated, Widowed  
If your status changed, what was the date it changed? \_\_\_\_\_

If Divorced, Date it was Final: \_\_\_\_\_ State and County where it was filed: \_\_\_\_\_

If Separated, Spouse's name and current address: \_\_\_\_\_

Student's current address: \_\_\_\_\_

**If separated, you must submit evidence of the separation (such as separate utility bills); attach a statement explaining why you are not seeking a divorce; and a statement from a third party (not a relative or friend) who can verify your separation status.**

**PARENT INFORMATION (dependent students only)**

Parent's Marital Status as of December 31, 2024 (circle one):

Never Married, Married/Remarried (common law or legally), Divorced, Separated, Widowed  
Date married, divorced, separated or widowed: \_\_\_\_\_

Parent's Marital Status as of the date the FAFSA was completed (circle one):

Never Married, Married/Remarried (common law or legally), Divorced, Separated, Widowed  
If their status changed, what was the date it changed? \_\_\_\_\_

If Divorced, Date it was Final: \_\_\_\_\_ State and County where it was filed: \_\_\_\_\_

If Separated, Parent's Spouse's name and current address: \_\_\_\_\_

FAFSA Parent's name and current address: \_\_\_\_\_

**If separated, you must submit evidence of the separation (such as separate utility bills); attach a statement explaining why you are not seeking a divorce; and a statement from a third party (not a relative or friend) who can verify your separation status.**

By signing this statement I understand that I am verifying that this is my current marital status. I understand that this information will be used by the Victoria College Financial Aid Office to determine the student's eligibility for federal and state financial assistance. I understand that this information is confidential and will not be used for any other purpose than to verify the student's and/or their parent's marital status for financial aid purposes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to: Victoria College Financial Aid Office  
2200 E. Red River  
Victoria, TX 77901  
361-572-6415 361-572-6493 (fax)  
financialaid@victoriacollege.edu