



Center for Student Financial Planning and Services  
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**2020-2021 STUDENT'S MARITAL STATUS CLARIFICATION**

**Independent Student Information**

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_ Dean College ID # \_\_\_\_\_

Phone Number \_\_\_\_\_ Student's Email Address \_\_\_\_\_

**Student's Marital Status**

The marital status you listed on the FAFSA does not match our records. The marital status on the FAFSA should be as of the day the application was filed.

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> Married or remarried | Date of Marriage: _____   |
| <input type="checkbox"/> Separated            | Date of Separation: _____ |
| <input type="checkbox"/> Divorced             | Date of Divorce: _____    |
| <input type="checkbox"/> Widowed              | Date Widowed: _____       |
| <input type="checkbox"/> Single/never married |                           |

**By signing this form, each person certifies that all the information is correct and complete.**  
**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

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

Spouse Signature(optional): \_\_\_\_\_ Date: \_\_\_\_\_