

**Student Information** 

## 2023-2024 Verification of Separated Marital Status

Return this form to:
Mail: HCC Financial Aid
606 West Main
Highland KS, 66035
Email: financialaid@highlandcc.edu
Fax: 785-442-6106
Phone: 785-442-6000 ext. 2002

Last Name	First Name	MI	Student ID	
Date of Birth	Telephone Number	E-Mail Add	E-Mail Address	
On the 2023-2024 FAFS/	A, you indicated "separated" as	the marital status for you	l or your parents. To	
document this, complet	e the information below and at	tach the requested docur	mentation. Please return to	
HCC's Financial Aid Offic	e as soon as possible.			
Your financial aid canno	ot be processed until this inform	nation is received.		
Separated Party:	Self Darent	Date of Separation	on	
Complete addresses and	d phone numbers of the two p	arties who are separated:	:	
Name:		Name:		
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Phone:				

## If applicable, please attach one (or more) of the following documents to support your separated status:

- A copy of the separation or divorce decree
- A signed letter from an attorney stating legal proceedings have begun
- A signed letter from a third party verifying the parties in question are separated **AND** documentation of separate households. Acceptable third parties include clergy, counselors, friends, or relatives. Examples of documentation of separate households include copies of utility bills, rental agreements, or mortgage statements.

If the student is a dependent, at least one parent must sign.

By signing this worksheet, I/we certify that all of the information reported here is complete and correct.

Student Signature:		Date:	
Parent Signature:		Date:	
	Signatures must be handwritten; digital signatures not accepted.		

Warning: If you purposely give false or misleading information on the worksheet, you may be fined, sentenced to jail, or both.