

**Student Name:** 

## FINANCIAL AID OFFICE

1537 University Blvd. Morrilton, AR 72110

(501) 977-2055 1-800-264-1094 Fax: (501) 977-2123

www.uaccm.edu

## PROOF OF MARITAL STATUS

(Last Name)	(First Name)	
Parent Name:		
(Last Name)	(First Name)	
Additional information regarding you assistance can be determined, this for		eeded. Before your eligibility for federal and state financial turned with all required documents.
Current Marital Status (please mark or	ne):	
Never Married		
Married (Attach a copy of the marria	age license or certificate.)	
Separated* (Attach detailed legal do for you and separate spouse.)	cumentation or statement fror	n your attorney or separate monthly utility or telephone bills
Divorced (Attach a copy of the final	court ordered divorce decree	.)
Widowed (Attach a copy of a death	certificate, obituary, or other	oroof.)
*The status of separated is allowable for on must be documented.	e year only. After that period, spo	ouse income information must be included on FAFSA, or a divorce
If saparated provide a brief description	on of the situation and why Le	gal separation/ divorce has not been initiated.
ii separateu, provide a brief descriptio	m of the situation and why Le	gar separation/ divorce has not seen initiated.
-		
Effective Date for the Marital Status Li	istad Abaya:	
Effective Date for the Marital Status Ef		(year)
I certify by signing below that all the	information reported is comr	plete and correct
rectify by signing below that an the	miormation reported is comp	rete una correct.
S'		Dete
Signature: (Student)		Date:
(ottadent)		
Signaturo		Dato
Signature: (Parent)		Date:
(1 4. 6.1.)		

**Student ID No.:** 

Rev: 12/16/2025