

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)		
	garding your marital status is needed rm must be completed and returned v	. Before your eligibility for federal and state fawith all required documents.	inancial assistance
Current Marital Status (ple	ase mark one):		
Never Married			
Married (Attach a copy of	of the marriage license or certificate.)		
Separated* (Attach detai for you and separate s	0	from your attorney or separate monthly utility of	or telephone bills
Divorced (Attach a copy	of the final court ordered divorce dec	ree.)	
Widowed (Attach a copy	of a death certificate, obituary, or oth	er proof.)	
*The status of separated is allo must be documented.	owable for one year only. After that period,	spouse income information must be included on FA	AFSA, or a divorce
If sanarated provide a brid	of description of the situation and why	Legal separation/ divorce has not been initiat	tod
Effective Date for the Mari	ital Status Listed Above:	/	
	(month)	(year)	
I certify by signing below	that all the information reported is co	mplete and correct.	
Signature:		Date:	
(Student)			

Student ID No.:

Rev: 12/15/2025