



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM  
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

**Office of Financial Aid and Scholarships**  
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## 2024-25 Marital Status Verification

**Parent**

Your FAFSA application was selected by the U.S. Dept. of Education for review in a process called "verification." In this process we are required by federal law (34 CFR, Part 668) to compare the information from your FAFSA application with the information provided on this form. If there are differences between your application information and your verification documents, we may need to correct your FAFSA information. We cannot process your financial aid until verification has been completed. Please provide the required documents as soon as possible.

### A. Student Information (please print clearly)

|               |            |       |                                  |       |          |
|---------------|------------|-------|----------------------------------|-------|----------|
| _____         | _____      | _____ | _____                            |       |          |
| Last Name     | First Name | M.I.  | Student ID Number or Star ID     |       |          |
| _____         |            |       | _____                            |       |          |
| Email Address |            |       | Phone Number (include area code) |       |          |
| _____         |            |       | _____                            |       |          |
| Address       |            |       | City                             | State | Zip Code |

### B. Parent Marital Status

Please complete this form for the parent(s) whose information was included on the FAFSA.

Father/Stepfather's Name \_\_\_\_\_

Mother/Stepmother's Name \_\_\_\_\_

Parent's current marital status is (check one):

- Single
- Divorced
- Separated
- Widowed
- Legally Married
- Culturally Married and live in one household
- Unmarried but living with student's other parent

Please tell us the effective date for the marital status checked above. If single leave blank: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Month Day Year

### C. Signatures

**WARNING: If you purposely give false or misleading information, you may be fined, sentenced to prison, or both.**

We certify that all of the information reported on this worksheet is complete and correct. The student and parent must sign this worksheet.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date