



Office of Financial Aid Services
800 College Court
New Bern, NC 28562
Phone (252) 638-7216

Verification of Separation Status for the Title IV Program

Student Name: _____ SS#: _____
(Print your full name)

I, _____, am separated from my
spouse, _____ since _____

We are no longer residing together and plan to obtain a divorce.

My address is: _____
City: _____ State/Zip: _____

My spouse's address is: _____
City: _____ State/Zip: _____

I understand that my separation is subjected to investigation by the proper authorities. In addition, if I give false or misleading information, I may be subject to a \$20,000 fine, a prison sentence, or both.

Signature's Signature: _____
(You must sign this form in the presence of a notary.)

County: _____

State: _____

NOTARY SEAL

My commission expires: _____

Sworn to and subscribed before me this, the _____ day of _____, 20_____.

Notary Signature: _____

Please Print Notary Name: _____