

**Southeastern Louisiana University
Certification of Separation or Divorce**

Office of Financial Aid SLU 10768 Hammond, LA 70402	Phone: 985-549-2244 Fax: 985-549-5077
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Student's Name: _____

University ID: W

(required)

INSTRUCTIONS TO STUDENTS and/or PARENTS: You are completing this form to verify your separation or divorce from your spouse. You are certifying this information to be true and correct. Please read statement below prior to signing.

I, _____, certify that I am _____
(Name) (Separated or divorced)

from my spouse _____ as of _____
(Spouse's name) (Month, Day, and Year)

I reside at _____
(Physical Address- No P.O. Box)

Comments:

Please read, sign and date.

If you are the parent or the student, by signing this form you agree, if asked, to provide information that will verify the accuracy of this completed form. This information may include your U.S. or state income tax forms, divorce decree, utility bills, etc. Also, you certify that you understand that **the Secretary of Education has the authority to verify information reported on this form with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.**

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

DO NOT WRITE BELOW

FAA Comments : _____ _____ _____ _____
