

2019-2020 Form O

Student Marital Status

Your 2019-2020 FAFSA was selected for review in a process called "Verification." In this process, the financial aid office will compare the information reported on your FAFSA with the information on this form and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding federal student aid. You and a parent (if applicable) whose information was reported on the FAFSA must sign this form, attach any required documentation, and submit the completed package to the LCC Financial Aid Office. If there are differences between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections. We retain the right to request additional information as needed to complete your file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid.

****Your eligibility for financial aid cannot be determined until the verification process is complete****

Student Name: _____ LCC ID#/Last Four of SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Check the box for the marital status that relates to the student:

Widowed

If you are widowed, provide the month and year of death _____/_____.

Divorced

If you are divorced, provide the month and year divorce was finalized _____/_____.

Separation

Please complete the following: I, _____,
am separated from my spouse, _____

since _____. We are no longer residing together at the same residence.

My address is: _____

My spouse's address is (if known): _____

Married

If you are married, provide the full date of marriage ___/___/___

Certification:

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

WARNING: If you purposefully give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student Signature: _____ Date: _____

MAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:
Lenoir Community College • Office of Financial Aid
P.O. Box 188 • Kinston, NC 28502
Fax: 252-233-6896 • Email: Finaid@lenoircc.edu