	IARPAR - Idaho State Unive I <mark>Marital Status Reque</mark>		MARPAR-24	
provided on called verific Financial Aid information (aid. Please (Office of Fig. 921 S 8th Av Phone: (208	government requires colleges to check th your Free Application for Federal Studentation. You must complete the verification do can establish your eligibility for assistant requested on this form or you will not be contact this completed form with attachmentation and Aid, Idaho State University, Mure, Stop 8077, Pocatello, ID 83209-8077 B)282-2756 Fax: (208)282-4755 pload: isu.edu/financialaid/upload	t Aid (FAFSA). This process is process before the Office of ce. You must return the considered for federal financial at(s) to: seum Building, Third Floor		
*Student Na				
(Use blue or blac	ck ink) Last	First	M.I.	
*ISU ID:		*Last 4 Digits of Social Security #:		
	nsidered a parent on this form:		*Required	
 If you past provided receive 	nt and your step-parent. It parents are divorced or separated, answer parents. (If you did not live with one part ded more financial support during the past yed support from a parent.) If this parent is step-parent. INS: Report your parent(s) marital status changes after your	rent more than the other, give a t 12 months or during the most i s remarried as of today, answer atus as of the date you signed	nswers about the parent who recent year that you actually the questions about that parent and your <u>FAFSA</u> . If your parent(s)	
	fy your parent(s) marital status. As of the ital status was:		-	
	Single-Never Married.			
	Unmarried, and both legal parents living	married, and both legal parents living together.		
	arried/Remarried – Date of Marriage: Please attach a copy of your rent(s) marriage license to this form and return to the address above.			
	Divorced/Separated – Date of Divorce/Separation: Please attach the front page and last page with signatures of your parent(s) divorce decree/ OR court documents of separation or documentation of separate residences to this form and return to the address above.			
	Widowed – Date Widowed: certificate to this form and return to the a	Ple	ease attach a copy of the death	
and correct	ATION: The person signing below i. i. iv purposely give false or misleading information			

Typed signature not accepted

Parent Signature:

Date:_____