



California State University, Sacramento  
 Student Service Center  
 Financial Aid & Scholarships Office  
 Lassen Hall  
 6000 J Street  
 Sacramento, CA 95819-6044  
 Phone: (916) 278-1000

Print Name: \_\_\_\_\_

Sac State ID #:

**PARENT MARITAL STATUS VERIFICATION**

There is a discrepancy in the marital status reported on your student's 2024-2025 Financial Aid Application and the financial aid documentation submitted.

Indicate your (the parent) marital status **at the time you originally completed the financial aid application**. Your marital status does not necessarily reflect your status with the student's other biological parent.

- \_\_\_ Single (never married), parents live at separate addresses
- \_\_\_ Unmarried (never married), but both Parents (biological or adoptive) are Living Together
- \_\_\_ Married (not separated) to (Full Name of spouse): \_\_\_\_\_  
 as of date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_ Remarried to (Full Name of spouse): \_\_\_\_\_  
 as of date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_ Separated from – (Full Name of spouse): \_\_\_\_\_  
 as of date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_ Divorced from (Full Name of former spouse): \_\_\_\_\_  
 as of date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_ Widowed – as of date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**If your marital status has now changed from what was originally reported on the financial aid application, submit a copy of both your (the parent) and your spouse's 2022 Tax Return Transcript(s) along with ALL 2022 W-2s, 1098s and 1099s. Be sure to include the student's name and Sac State ID at the top of each page.**

**Certification Statement**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the financial aid application must sign and date. (Typed signature is not acceptable.)

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature** \_\_\_\_\_  
**Date**

Once completed upload financial aid documents at

<https://onbaseform.csus.edu/obforms/eforms/STDAF/DocumentSubmission/finaidupload.aspx>