



**SWAINSBORO** • 346 Kite Road • Swainsboro, Georgia 30401 • Phone (478) 289-2200 • Fax: (478) 289-2263  
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*Southeastern Technical College is an Equal Opportunity Institution*

## 2017-2018 Proof of Separation/Divorce

Student's Last Name	First Name	M.I.	Student's ID Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number(include area code)		Student's Cell Phone Number(include area code)	

Your financial aid application indicated you (or parent) are divorced or separated. In order for your file to be processed and your financial aid awarded, please return this completed form along with the following information to the Office of Financial Aid.

Are you (or parent, if dependent) currently:

Divorced; date of status: \_\_\_\_\_ Attach this form and the following information:

- copy of divorce decree, verification complete.

OR

Separated; date of status: \_\_\_\_\_ Attach this form and the following information:

- Provide copies of documents that are in your name and your spouse's name, separately, such as utility bills (with service address), and or lease/rental/mortgage documents. Documentation must show that two separate households are being maintained by providing two different physical addresses. **PO Boxes will not be accepted.**
- Provide a letter from a third party person (i.e.; attorney, counselor, pastor, doctor, caseworker, etc.) who can endorse your marital status in their professional capacity on their business letterhead (not computer generated). **Cannot be friend or relative.**
- Provide copy of most recent Federal Return Tax Transcript.

If the documentation requested above cannot be provided, you will be required to submit your spouse's tax information to be considered for federal financial aid.

Documentation submitted must be reviewed and approved before financial aid will be awarded. Only the documentation listed on this form will be accepted. Submission of the requested documentation does not guarantee approval.

Student's Name \_\_\_\_\_

Student's ID Number \_\_\_\_\_

By signing this form, you agree to provide information that will verify the accuracy of your documentation, if requested. If you purposely give false or misleading information in order to qualify for Title IV funds, you will be referred to the Inspector General and may be fined \$20,000, sent to prison or both.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date