

Financial Aid, Veterans & Scholarship Services

2024-2025 Marital Status Resolution Form—Dependent

For Office Use Only

Last Name	First Name	MI	Palomar ID Number	
The Department of Educatio submitted your <i>original</i> Complete this form with the	FAFSA. There is	conflicting informat	ion regarding your parer	
A. Parent(s) marital status				
1. As of the date you signed and	submitted your origina	l 2024-2025 FAFSA, we	re your parents living together	? 🗆 Yes 🗆 No
As of the date you signed and ONLY one):	submitted your origina	l 2024-2025 FAFSA, sel	ect the parent you live with ma	arital status (Check
□ Married	Date of Marriage:			
□ Remarried (to step-parent)	Date of Marriage:			
□ Separated	Date of Separation:			
□ Divorced	Date of Divorce:			
□ Widowed	Date Widowed:			
☐ Single (never married)				
□ Unmarried and both parents I	living together			
B. Certification				
Signing this form certifies that to provide proof when as Warning: purposely giving fals	ked may be cause	for delay, denial,	reduction or withdrawa	l of financial aid.
Student Signature	Date		Parent Signature	Date
Submit in person to the Palo	_	Office -or- scan & email	to us from your <u>Palomar Student</u>	Email Account to