



Financial Aid
1530 W. 17th St.
Santa Ana, CA 92706

2024-2025

Name of Financial Aid Applicant (Please print)		
_____	_____	_____
Last	First	Middle
Student ID Number: _____		

Marital Status Confirmation—Independent

The Central Processing System (CPS) has received your FAFSA; however, the following information was either missing or not confirmed. We need to know your marital status as well as the names and relationships of those in your household.

Please upload a copy of your legal document showing the date of marriage, separation, divorce, or death of spouse to your self-service portal.

Your marital status as of the FAFSA completion date:
☐Single, ☐Married/Remarried, ☐Separated, ☐Divorced/Widowed

Effective date of the above marital status: ____/____/____

Full Name	Age	Relationship

I HEREBY CERTIFY that to the best of my knowledge, all of the information provided is true and complete.

_____ Student Signature	_____ Date	_____ Spouse Signature (if Married)	_____ Date
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It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: financial_aid@sac.edu, 714-564-6242 for needed accommodations or alternate formats.