

2023-2024 Student Marital Status Change

Student Last Name:	First Name:
Student ID:	Phone Number:
This form is to verify the marital status that occurred after the can proceed with the processing of your financial aid, o provided is correct.	
What is your marital status as of the date you signed your FA	AFSA?
Never Married Married or Remarried Divorced	d Separated Widowed
Please submit a copy of your official marriage license and com-	aplete the form below for our office to review.
*If your current status is married, but your tax filing status is somethin 2020 tax/income information to the LCU Financial Aid Office. This wor paid and your spouse's adjusted gross income with your adjusted gross in	uld include combining your spouse's taxes paid with your taxes
If Divorced, Separated or Widowed did you exclude your former spous	se's 2020 tax/income information from the FAFSA?*
Yes No	
Please provide your date of marriage any additional informa	ation that may be needed in the space below, :
STUDENT SIGNATURE:	DATE:
You MUST sign and date this form. Your signature indicates that a	

requested documents will be provided to verify the reported amounts. Warning: if you purposely give false or misleading information

Office of Financial Aid ~ Louisiana Christian University 1140 College Drive ~ LCU Box 582 Pineville, La. 71359 Phone (318) 487-7386 Email financial_aid@lcuniversity.edu Website lcuniversity.edu

on this worksheet you may be fined, sentenced to jail, or both.