



**ILLINOIS VALLEY
COMMUNITY COLLEGE**

Financial Aid Office
815 N. Orlando Smith Road
Oglesby, IL 61348-9692
Telephone: 815-224-0438
Fax: 815-224-0638

For Office Use Only:
Approved by: _____

2020-2021 Marital Status Review Form

Student Name: _____ **ID # or SSN:** _____

What is your **current** marital status? (please circle)

Single Married, Remarried Separated Divorced, Widowed

Date the above status was effective (month/day/ year): _____

I certify that this information is correct and will verify the accuracy of this information if needed.

Student Signature

Date

**To be completed by the Parent who signed the student's FAFSA:
(if applicable)**

To determine correct parent name(s) to list below, select one of the following:

- If the student's parents are married to each other or are not married to each other and live together, answer the questions about both parents.
 - Submit tax transcripts for both.
- If the student's parent listed on the FAFSA is married, list that parent and their spouse (student's stepparent).
 - Submit tax returns for both.
- If the student's parents are not married to each other and do not live together, and the parent listed on the FAFSA is not married, list that parent.
 - Submit tax transcript for that parent.
- If the student's parent listed on the FAFSA is married but is separated (does not live with spouse), list that parent.
 - If tax filing status is married filing joint, submit tax transcripts and W2's for both parents.

Parent Name(s): _____

What is your **current** marital status? (please circle)

Never Married Married, Remarried Divorced Separated Widowed

Unmarried and both parents living together

Date the above status was effective (month/day/ year): _____

I certify that this information is correct and will verify the accuracy of this information if needed.

Parent Signature
(if applicable)

Date