UND UNIVERSITYOF **NORTH DAKOTA**.

2023-2024 Verification of

Separated Marital Status

Student Information

Last Name	First Na	ame	MI	Student ID	
L	()				@und.edu
Date of Birth	Telephone Number		E-Mail Address		
	ent this, complete tl D One-Stop Studen	ne information bel t Services as soon	ow and attach the re as possible.	rital status for you or y quested documentatio	
Separated Party:	Self	Parent	Date of Sepa	ration://	
Complete addresse	s of the two parties	s who are separate	ed:		
Name:			Name:		
Address:			Address:		
City/State/Zip:			City/State/Zip:		
Phone:			Phone:		

Please attach one (or more) of the following documents to support your separated status:

- A copy of the separation or divorce decree
- A signed letter from an attorney stating that legal proceedings have begun
- A signed letter from a third party verifying that the parties in question are separated. Acceptable third parties would include clergy, counselors, friends, relatives, etc. **AND** documentation of separate households. This documentation could include copies of rental agreements, utility bills, etc.

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and correct. If the student is a dependent, at least one parent must sign.

Student Signature:	 Date:
Parent Signature:	 Date:

Warning: If you purposely give false or misleading information on the worksheet, you may be fined, sentenced to jail, or both.

Return to:

One-Stop Student Services Memorial Union Room 302 2901 University Ave Stop 7155 Grand Forks, ND 58202-7155

Secure document upload: Verification Document Upload Form