

Financial Aid Office • P.O. Box 309 • Jamestown, NC 27282 336.334.4822 - Option 3 • 336.454.2510 FAX

2014-2015 VERIFICATION OF SEPARATION STATUS

Student Name:		GTCC II	O#	
	(Print your full name)			
			am senarated fr	om my
.,	(Print your full name)		, am separated in	om my
spouse,		as o	of	
(Pri	int spouse's full name)		(month/day/y	rear)
	We are no longer residing	g together and plan to o	btain a divorce.	
My address is:				
	Street Address	City	State	Zip
My spouse's address is:				
	Street Address	City	State	Zij
For military and their or the Unit S-1 Persor	the dependents: A letter is renal Office. The required from a clergy	equired from the Family	y Services Office,	C
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