



STUDENT FINANCIAL SERVICES, SSB 1.192 1201 WEST UNIVERSITY DRIVE EDINBURG TX 78541-2999 (956)381-2501 FAX (956)381-2392

# 2007-2008 SEPARATION VERIFICATION FORM

STUDENT: \_\_\_\_\_  
LAST NAME, FIRST NAME ID #

Please complete this form to verify Separation Status.

(If Dependent complete this section; if independent proceed to step one)

Print the name and social security number of the parent whose information you used to complete your financial aid application.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

## STEP ONE

Complete the following information on your spouse or (if dependent) *the spouse of the person listed above.*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current residential address: \_\_\_\_\_

Employer (name and address): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_  
MM/ DD/ YYYY MM/ DD/ YYYY

Federal Tax Information: When was the last time a joint tax return was filed?

[Check one]  Tax Year 2005  Tax Year 2006  Never Filed Joint  Other Year (specify): \_\_\_\_\_

## STEP TWO

Complete the following information on your spouse or (if dependent) *the parent whose information you used to complete your financial aid application.*

- Benefits Received since Separation:
  - Child Support amount/month: \_\_\_\_\_ Beginning date: \_\_\_\_\_
  - TANF amount/month: \_\_\_\_\_ Beginning date: \_\_\_\_\_
  - Other: \_\_\_\_\_ amount/month: \_\_\_\_\_ Beginning date: \_\_\_\_\_

- What are the rent/mortgage and utility monthly amounts? \_\_\_\_\_  
Who pays for this? \_\_\_\_\_

If you receive public assistance or monetary assistance from family, provide proof.

- Divorce Intentions: Do you intend to proceed with the divorce?  Yes  No

If yes, provide our office with a copy of the court document submitted or a letter from the attorney representing you for the divorce proceedings.

If no, proceed to STEP THREE.

[Continue completing form on the reverse side]

**STUDENT:** \_\_\_\_\_  
LAST NAME, FIRST NAME ID #

**STEP THREE**

**Provide 2 reference letters** from a third party (not a relative or friend) who may endorse your statement in detail within their professional capacity on their own letter head. For example, a pastor, a marriage counselor, licensed counselor, attorney general, etc. **A notarized letter on your behalf is not acceptable evidence. If you do not provide the necessary letters, you will be required to provide your spouse’s information.**

**By signing this form, you agree that it is complete, true, and to provide documentation that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, in order to qualify for Title IV funds you will be referred to the Inspector General and you may be fined \$10,000, sent to prison or both.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature (if dependent): \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Disclosure of Social Security Number (SSN) is required in order for The University of Texas- Pan American’s Student Financial Services Office to process required documents as mandated by Federal/State law. Further disclosure of SSN is governed by the Public Information Act (Chpt. 552 of the Texas Government Code) and other applicable law.

As per HB 1922 (Subtitle A, Title 5, Government Code, Chapter 559), it is the policy of the state that an individual is entitled, on request, to receive, review and/or correct any information about the individual, which has been submitted to UTPA, with few exceptions. The information that UTPA collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules.

<b>For office use only:</b>
Approved: _____ Disapproved: _____ Additional information requested: _____
XX
<b>Committee initials:</b>
<b>Date:</b>