of Ob. Date .	183 Col

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Statement of Marital Separation 2024-2025

Name:	Date:
CCCUA Student ID:	
Dear Student:	
Federal Student Aid (FAFSA). Additional in that the Financial Aid processing can continu	ted an initial review of your 2024-2025 Free Application for information is needed. Please provide the information requested, so u.e. <u>This form must be notarized by a Notary Public</u> if the FAO may require additional information or documentation
Ι	, do solemnly swear that I was
	t the time that I completed my 2024-2025 FAFSA application
Separation Date: (mm/yyyy)	
I understand that if my situation changes con I give the CCCUA Financial Aid Office auth	acerning my marital status, I must inform the FAO of such changes. norization to make necessary corrections.
Student Signature:	Date:
NOTARY PUBLIC ACKNOWLEDGEM	ENT
State of	, County of
Acknowledged before me on this the	day of,,
	Notary Public
My commission expires:	
	t and employment programs and activities. Call: 870.584.4471V or 800.844.4471V or AR RELAY ice for the Deaf and Hearing Impaired @ 711.