

**MSS28****2027-2028****Determination of Student Marital Status***Please Use Black or Blue Ink***OSU Student ID**
("A" plus 8 digits)**Student Legal Name:****A**

The OSU Office of Scholarships and Financial Aid must, by federal regulations, verify the information on the 2027-2028 Free Application for Federal Student Aid (FAFSA). Please provide the information requested below for you (and your spouse (contributor) if you are married).

Please complete and sign the form. Additional documentation may be requested after review of the form.

No determination of aid eligibility can be made until all requested documents are received and reviewed.

What was your marital status as of the date the original FAFSA was signed? (Please check one):

- ☐ **Married (Not Separated)** (Month, day and year of marriage: ____/____/____)
- ☐ **Remarried** (Month, day and year of remarriage: ____/____/____)
- ☐ **Separated** (Month, day and year you began maintaining separate residences and no longer represented yourselves as married: ____/____/____)
- ☐ **Divorced** (Month, day and year of divorce: ____/____/____)
- ☐ **Widowed** (Month, day and year of spouse's death: ____/____/____)
- ☐ **Single (Never Married)**

Certification/Signature:

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature (*Stylus or ink pen only*)**Date****Spouse's Printed Legal Name**

(Only if married, remarried or widowed, do not list spouse's name if you indicated you are separated. If widowed, indicate 'deceased' next to the spouse's name.)

Spouse's Date of Birth**Return to:**

Office of Scholarships and Financial Aid

119 Student Union, Stillwater, OK 74078-5061

Fax: (405) 744-6438 (*if you fax, please do not mail the form*)**Questions?**Email: finaid@okstate.edu

Phone: (405) 744-6604

Web: financialaid.okstate.edu