



OFFICE OF STUDENT FINANCIAL AID  
CENTRAL CAROLINA COMMUNITY COLLEGE

Hockaday Building, Lee Main Campus  
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Student Name:	
CCCC Student ID:	
Telephone Number:	( )-( )-( )

### 2017-2018 VERIFICATION OF SEPARATION STATUS

This document needs to be completed by:  Separated Student  Separated Parent

- You must sign this form in the presence of a notary.
- The Financial Aid Staff may not provide notarization.

I, (*print your full name*) \_\_\_\_\_, am separated from my spouse,  
(*print spouse's full name*) \_\_\_\_\_, as of \_\_\_\_\_.

**We are no longer residing together and plan to obtain a divorce.**

My address is: Street \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My spouse's address is: Street \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check box if spouse's address is unknown. If box is checked, please provide a typed letter detailing the situation of why the spouse's address is unknown.

**NOTE: You must submit a letter on letterhead from one of the following persons or organizations:**

**For military and their dependents: A letter is required from the Family Services Office, the Unit Chaplain, or the Unit S-1 Personnel Office.**

**For civilians: A Letter is required from a clergyperson, an attorney, or your employer.**

**I understand that my separation is subject to investigation by the proper authorities. In addition, if I give false or misleading information, I may be subject to a fine, sent to prison, or both.**

Separated Person's Signature: \_\_\_\_\_

#### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_

City/County of \_\_\_\_\_ / \_\_\_\_\_

On (*Date*) \_\_\_\_\_, before me (*Notary's Name*), \_\_\_\_\_, personally appeared (*Printed name of signer*), \_\_\_\_\_ and proved to me on the basis of satisfactory evidence of identification (indicated in Section A above) to be the above-named person who signed the foregoing instrument.

Notary Stamp or Seal
My commission expires on the following date: _____

\_\_\_\_\_  
NOTARY SIGNATURE (*If applicable*)      DATE