

Financial Aid Office P.O. Box 309 Jamestown, NC 27282 Phone: 336.334.4822 Option 3 Fax: 336.217-8468

## 2024-2025 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.

Student's Full Name:		GTCC ID:	
I, (print your full name)			_, am separated from m
spouse, (print spouse's full name)			, as of
We are no longer residing together an	nd plan to ob	tain a divorc	ce.
My address is: Street		Apt	
City	State	Zip	
My spouse's address is: Street		Apt	
City	State	Zip	
I understand that my separation is subject to investigation false or misleading information, I may be subject to Separated Person's Signature:	to a \$20,000 f	ine, sent to p	prison, or both.
Notary's Certificate of Acknowledgement		Nota	ry Stamp or Seal
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			
Section A above) to be the above-named person who signed the foregoing.	ng		
instrument.			
			mission expires on the following date: