

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

2020-2021 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 t	ogether and plan to obta	in a divor	ce.
My address is: Street		Apt	
City	State	Zip	
My spouse's address is: Street		Apt	
City	State	Zip	
NOTE: You must submit a letter on letterhead for	rom one of the following	persons of	r organizations:
Chaplain, or the Unit S-1 Personnel Office. For civilians: A Letter is required from a clear I understand that my separation is subject to inverse false or misleading information, I may be	vestigation by the proper	authoritie	es. In addition, if I give
Separated Person's Signature:			
Notary's Certificate of Acknowledgement		Nota	ary 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 id	entification (indicated in		
Section A above) to be the above-named person who signed	the foregoing		
instrument.			mission expires on the following date:
NOTARY SIGNATURE (If applicable)	DATE		
Plassa raturn this completed form to: CTCC	L.	ov 200 Ta	nostown NC 27292