R_____ Student Rocket Number | _____ Student Last Name | _____ Student First Name

2025-26
STUDENT MARITAL STATUS WORKSHEET

COMPLETE WITH BLACK INK ONLY.

The Office of Student Financial Aid is required to resolve any conflicting information reported on the Free Application for Federal Student Aid (FAFSA). Processing of your federal aid application cannot continue due to conflicting information; therefore, you must complete and return this worksheet. Complete Parts A and B below.

Part A - On the date you filed the 2025-26 FAFSA, what was your marital status? (select one only)

Unmarried:

☐ I was single (never married) at the time the FAFSA was filed.

Married:

☐ I was married and was not separated at the time the FAFSA was filed.

Date you were married: _____/_____ (MM/YYYY)

Separated:

☐ I was separated, and my spouse did **NOT** live with me at the time the FAFSA was filed.

Date you were separated: _____/_____ (MM/YYYY)

Divorced:

☐ I was divorced, and my spouse did **NOT** live with me at the time the FAFSA was filed.

Date you were divorced: _____/_____ (MM/YYYY)

Widowed:

☐ I was widowed and had **NOT** remarried at the time the FAFSA was filed.

Date you were widowed: _____/_____ (MM/YYYY)

Part B - Since the date you filed the 2025-26 FAFSA, has your marital status changed?

☐ No, my marital status has not changed.

☐ Yes, my marital status has changed to:

____Married as of: _____/_____ (MM/YYYY)

My spouse's first and last name is: _____

____Separated as of: _____/_____ (MM/YYYY) and my spouse does not live with me.

____Divorced as of: _____/_____ (MM/YYYY) and my spouse does not live with me.

____Widowed as of: _____/_____ (MM/YYYY)

YOUR HANDWRITTEN SIGNATURE AND DATE ARE REQUIRED BELOW.

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

_____

Student Signature (using full legal name) Date

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.

TO RETURN THIS FORM:

Upload to: *myUT.utoledo.edu*
"My Financial Aid"
"Financial Aid Documentation Upload"

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

In person: Rocket Solution Central
1200 Rocket Hall

Fax to: 419.530.5835