



Lassen Community College
 Financial Aid Office
 P.O. Box 3000
 Susanville, CA 96130

2024-2025 Parent -Marital Status Resolution

PRINT ALL INFORMATION NEATLY IN BLUE OR BLACK INK ONLY. DO NOT USE WHITEOUT.

SECTION A: STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID	Date of Birth

SECTION B: PARENT(S) MARITAL STATUS

What was your parent(s) marital status as of the date you filed your original FAFSA for the 2024-2025 academic year?
 (Please check one)

- Married/Remarried Date of Marriage: _____
- Separated – Date of Separation: _____
- Divorced – Date of Divorce: _____
- Widowed
- Single (Never Married)

What is your parent(s) current Marital Status?
 (Please check one)

- Married/Remarried Date of Marriage: _____
- Separated – Date of Separation: _____
- Divorced – Date of Divorce: _____
- Widowed
- Single (Never Married)

SECTION C: SIGNATURE CERTIFICATION

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature	Date

Parent's Signature	Date