# Dependent Student Separation Certification

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**Student’s Name (Print) Student’s FMU ID or SSN**

## Complete and return this form to the Office of Financial Assistance

Your “parents”, for financial assistance purposes, are your supporting parent and that parent’s spouse. You have indicated that your parents are separated, meaning that they do not live together (even part-time) and maintain separate households without the benefit of each other’s income (except for child support and/or alimony). Please indicate below whether or not your parents are presently separated and expect the separation to continue for the duration of the school year.

**Please check one of the following:**

My parents are separated and expect to remain separated for the duration of the 2025/26 school year. \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

My parents have been separated since \_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_\_\_\_\_\_\_\_\_ (year)

**Please provide the following required information and signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s signature** **(required)** Date

**Student’s address** **(required)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s signature** **(required)** Date

**Mother’s address** **(required)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s signature** **(required)** Date

**Father’s address** **(required)**

Both of your parents must provide at least one of the following forms verifying that they live at separate residences:

1. **Copy of lease**
2. **Copy of bills (ex: light bill, water bill, cable bill, etc.)**
3. **Copy of driver’s license \*\* Note: PO Boxes will not be accepted.**

Return the completed form and all requested information to:

**Francis Marion University/Office of Financial Assistance**

**PO Box 100547**

**Florence, SC 29502**

OR **(843) 661-1195 (Fax)**