## **Dependent Student Separation Certification**

Student's Name (Print)	Student's FMU ID or SSN
Complete and return this form to the Office	ce of Financial Assistance
Your "parents", for financial assistance prospouse. You have indicated that your partogether (even part-time) and maintain serincome (except for child support and/or a	urposes, are your supporting parent and that parent's are separated, meaning that they do not live eparate households without the benefit of each other's alimony). Please indicate below whether or not your ect the separation to continue for the duration of the
Please check one of the following:	
My parents are separated and expect to year No	remain separat <mark>ed for the</mark> duration of the 2024/25 school
My parents have been separated since	(month) (year)
Please provide the following required	information and signatures:
Student's signature (required)	Pate
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 <u>at least one</u> of the following forms verifying that they live at separate residences:	
<ol> <li>Copy of lease</li> <li>Copy of bills (ex: light bill, water bill, cable bill, etc.)</li> <li>Copy of driver's license</li> </ol> ** 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

<u>OR</u> (843) 661-1195 (Fax)