



# Statement of Separation/Divorce (Student)

*Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your financial aid application.*

APU ID#: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First M.I.*

1. Please check the box that reflects your current marital status:

- Separated from spouse     
  Legally separated from spouse     
  Divorced from spouse

2. This status is current as of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month/day/year.)

3. Please attach documentation of separation or divorce if available.

**Please use the space below for clarification of any discrepancies.**

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*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
**Student Signature (Required)**

\_\_\_\_\_  
**Date**

**MAILING ADDRESS**

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