

1 College Place Claremont, NH 03743 Phone: 603.542.7744 Fax: 603.543.1844

800.837.0658

Parent signature:

Keene Academic Center 438 Washington St., Keene, NH 03431 Phone: 603.357.2142 Fax: 603.357.0408

Website: www.rivervalley.edu

Lebanon Academic Center 15 Hanover St, Lebanon, NH 03766

Phon		-	1201	,			

Student's Name:	Student ID #:
Parent(s)/ Spouse Name:	
2018-2019 Verify	Student and/or Parents Marital Status
completing the FAFSA you or your parents " This form must be c RVCC – Financial Aid Office, 1 College	our parents' Federal tax filing status for the calendar year of 2016. When 'marital status' does not match the "tax filing status" in accordance with the IRS. ompleted, signed at the bottom, and returned to: e Place, Claremont NH 03743 or you may fax it to 603.543.1844, or can/email to jdale@ccsnh.edu
1. According to the FAFSA you and/or your	parents listed your marital status as;
· · · · · · · · · · · · · · · · · · ·	tner r parent is remarried, their spouse's information does need to be included on the FAFSA. **
Please document the reasoning for the above filing	status;
Certification Statement and Signature	<u>es</u>
	this form and on any attachments is true, complete and accurate to the best of se statements could be cause for denial, reduction, withdrawal or repayment of
Student signature:	Date:

Date: _____