



Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

## 2022 - 2023 MARITAL STATUS CHANGE APPEAL

STUDENT NAME: \_\_\_\_\_ SPU ID: \_\_\_\_\_

You have recently updated your 2022-2023 FAFSA to indicate that you are now married or have notified our office that you will be getting married and would like to appeal your dependency status. Please submit the following appeal and documentation for review. Based on the circumstances of your appeal, the SFS Committee will decide your dependency status for the 2022-2023 academic year.

Please submit the following information:

### STUDENT INFORMATION

- I have attached a copy of my marriage license, 2020 tax transcript, and W-2s.
- I have attached a copy of my spouse's 2020 tax transcript and W-2s.
- I have provided an explanation of my recent changes, including the following:
  1. Where I am now living (e.g. still with parent(s), independent from parent(s), etc.).
  2. How much support my parent(s) will provide for the 2022-2023 academic year.
  3. How much support my spouse's parent(s) will provide for the 2022-2023 academic year.
  4. Any other circumstances that affirm my independency.

By signing this verification statement, I attest that the information reported on this form is true and complete to the best of my knowledge.

_____ Student Signature	_____ Date	_____ Phone	_____ Email
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In addition to the documents listed above, we also need a statement from one of your parents or legal guardian(s) indicating either that they are no longer supporting you or how much they will be providing in support. If you are unable to obtain a statement from your parent(s) or legal guardian(s), please contact Student Financial Services.

### PARENT STATEMENT

Please select one option below:

- I am no longer supporting my student in any way financially (tuition, rent, food, miscellaneous costs).
- I am continuing to provide \$\_\_\_\_\_ per month in support to my student. I intend to continue to assist them until (date) \_\_\_\_\_.

By signing this verification statement, I attest that the information reported on this form is true and complete to the best of my knowledge.

_____ Parent Signature	_____ Date	_____ Phone	_____ Email
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Please note that if you have received a disbursement of the Federal Direct Parent PLUS Loan for this year, any subsequent quarter's disbursement(s) will be cancelled if you are granted Independent student status. As an Independent student, you will no longer be eligible to receive the Federal Direct Parent PLUS loan.

#### OFFICE USE ONLY

Approved per Professional Judgment	_____ Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Date