



MONTCLAIR STATE UNIVERSITY

Office Use Only:

19MRST

Status _____

Mail: Montclair State University
Financial Aid Office
College Hall Rm. 208
1 Normal Avenue
Montclair, New Jersey, 07043
Fax: 973-655-7712

2018-19 *Parent Marital Status Statement*

STUDENT INFORMATION

PLEASE PRINT:

_____ Last Name	_____ First Name	_____ M.I.	_____ CWID Number
_____ Address (include apartment number)			
_____ City	_____ State	_____ Zip	_____ Phone number (include area code)

PARENT MARITAL STATUS STATEMENT

Student – this information is for the **parent** you are living with:

Parent, are you currently married? ☐ YES ☐ NO

If yes, please indicate the following (please print):

Name of current spouse _____

Date of this marriage _____

Parent signature

Date

NOTE: Computer generated signature is not acceptable.