

For Office Use Only:
Approved by:

2024-2025 Tax Filing Status -Parent

815 North Orlando Smith Rd Telephone: 815-224-0438 F	, CTC-101S Oglesby, Illinois 61348 E-mail: f Fax: 815-224-0638	financialaid@ivcc.edu
Student Name:	ID # or S	SSN:
To Be Completed By Pa	rent	
The student's FAFSA resparents' tax return filing	sults indicate the parents' marital status status.	us does not appear to agree with the
☐ If the student's paranswer the question of Submit taxtill ☐ If the student's paranstepparent). ☐ Submit taxtill ☐ If the student's paranstepparent on the FAFSA is not of Submit taxtill ☐ If the student's paranstepparent.	rent name(s) to list below, select one of rents are married to each other or are not ons about both parents. In transcripts for both. In transcript for that parent. In transcript for that parent.	married to each other and live together, nat parent and their spouse (student's o not live together, and the parent listed separated (does not live with spouse),
Parent Name(s):		-
What is your <u>current</u> ma	urital status? (circle one)	_
Never Married Divorced	Married or Remarried Sepa Unmarried and both parents living	arated Widowed together
Date the above status w	as effective (month/day/ year):	
I certify that this inform	ation is correct and will verify the accu	uracy of this information if needed.
Parent Signature → Must be draw	n and not typed.	Date