FSU | OFFICE OF FINANCIAL AID

2026-2027 Student Change in Marital Status

Student Information

Full Name (First, MI, Last): _____

Date of Birth: _____ FSU ID/ EMPLID:_____

In general, information that was accurate as of the date you signed your FAFSA cannot be updated, as FAFSA is considered a snapshot of your family's financial circumstances at that time. However, students whose marital status changes after submitting the FAFSA may be eligible to submit this appeal. The deadline to submit the appeal is **December 1, 2026**. Please note that submitting an appeal does not guarantee approval. All requests are reviewed and decided on a case-by-case basis.

Date began living together: _____

Date of marriage: _____

Required Documentation

- Marriage certificate
- Personal statement explaining why updating marital status better reflects your current financial situation
- 2024 & 2025 tax returns (student/spouse)
- 2024-2025 W-2s (student/spouse)
- Current pay stubs (student/spouse)

Employment

Student employer/income: $_____

Spouse employer/income: $_____

Florida State University's Use of Social Security Number policy is available at https://registrar.fsu.edu/bulletin/university-notices

282 Champions Way | P.O. Box 3062430 | University Center A4400 | Tallahassee, FL 32306
Phone: 850-644-0539 |
Fax: 850-644-6404 | Email: financialaid@fsu.edu www.financialaid.fsu.edu

Monthly Household Budget

Income: Student $_____ Spouse $_____ Other $_____

Expenses: Rent $_____ Utilities $_____ Food $_____
Transportation $_____ Insurance $_____ Other $_____

Parent/Family Support

1. Do parents pay for rent, utilities, or groceries? ☐ Yes ☐ No. If yes please explain

_____

2. Are you or your spouse covered by a parent's health insurance? ☐ Yes ☐ No

3. Do parents pay car payment, insurance, phone, transportation, tuition, or other expenses? ☐ Yes ☐ No

4. Are you living in housing owned or paid for by your family? ☐ Yes ☐ No

5. Do you receive cash or other monetary support from family? ☐ Yes ☐ No

Amount: $_____ Purpose: _____

Certification

I certify that all information is true and complete. I understand false information may result in the denial of aid or federal penalties.

Student Signature _____ Date _____

Spouse Signature _____ Date _____

Office Use Only

Marriage Verified ☐ Yes ☐ No

Independent household established ☐ Yes ☐ No

Parent support reviewed ☐ Yes ☐ No

Decision: ☐ Approved ☐ Denied Reviewer _____ Date _____

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