

80 Fort Brown • Brownsville, Texas 78520 • (956) 295-3620 • Fax (956) 295-3621 • www.tsc.edu

2019-2020 Marital Status Form- Parent

Student Name:		ID#:	Phone#:	
You have reported a marital sta below that best describes your broof.			•	•
☐ Single/Never Married				
\square Married/Remarried o	n/_ Month Year			
• Y	Month Year	band and wife in th		:
\square Divorced as of	/ Month Year			
\square Widowed as of	/			
\square Separated as of	/ Month Year			
understand that the financial aid offi until all necessary documents are subr knowledge. I authorize the Financial A WARNING: If you purposely give false sign this form if you are a dependent s	nitted. I certify that all information id Office at TSC to make correction or misleading information on this	n reported on this fo ns necessary to resol	orm is complete and correct to the layer any discrepancies found.	best of my
Student Signature:	Parent Si	gnature:	Date:	
	Oliveira 9 80 Fort Browr Fax	nail or hand-delive inancial Aid Office Student Services Ce 1, Brownsville, Texa 1: (956) 295-3621 inancialaid@tsc.ee	enter as 78520	

Electronic signatures and photocopies will not be accepted.

For Office Use Only: Received by _____