
• CAYUGA COMMUNITY COLLEGE

Financial Aid Office • 197 Franklin Street, Auburn NY 13021 • FAX 315-252-2185
Auburn - 315-255-1743 ext. 2470 • Fulton 315-592-4143 ext. 3004

Separated

Student Name _____ Social Security # _____

Banner ID Number C _____

You indicated on your financial aid application that you (or your parents) are separated. In order to continue processing your financial aid application, we need some additional information. Please complete this form and return to the Financial Aid Office as soon as possible. Additional documentation may be requested to verify information.

Dependent Students

Name of Custodial Parent _____
(the parent whose income was reported on the FAFSA)

Address of Custodial Parent _____

Name of Other Parent _____

Address of Other Parent _____

Date of Separation _____

Was a joint income tax return filed for 2007? **Yes** **No**
(If “yes”, please attach a copy of a signed tax return and W-2’s for the parent whose income was reported on the FAFSA)

Independent Students

Name of spouse _____

Address of spouse _____

Was a joint income tax return filed for 2007? **Yes** **No**
(If “yes”, please attach a copy of your signed tax return and your W-2’s.)

Student Signature _____ Date _____