University of Central Missouri Student Financial Services P.O. Box 800 Warrensburg, MO

0 D U L6WWDDOW X V \$ G M X V W5PHTQXWM V W \$ Z D U<3H D U

700

Phone 660-543-8266 FAX 660-543-8080 Webpage: <u>www.ucmo.edu/sfs</u> 'RFXPHQWV 2QO\ (PDLO

ILQDQFLDODVVLVWDQFH#XFPR HGX

MARPJ

UCM use only

Student's Name (please print)			UCM ID Number		
I have married since my 2 submitted, and I Dm required lam submitting opies of	esting my eligibility	rfor Ædien anciala	id be recalculated.		
	· ·				
			/20 aphaal w	or Hoor	
			/20 school ye		
she will attend, please prov	ride the name of th	e school:			
Do you \RXU VSRX live with you and your spo	•	If so, how man	nopfyour ∖RX/USRXcNoilbelln	e i /will	
and UHF left Lle 'ast half the		t fromyou and yo	our spouseduring the	Vchool	
year? Their name an	dages are <u>:</u>				
Student's Signature		Date			
Spouse'signature			 Date		
opodoo w ignataro			Date		
Local/Campus Address					
City	State	Zip	Student's elephone/Ce	Number	

Complete and submit this form and the documents indicated above to UCM Student Financial Services in person (1100 Ward Edwards Bldg.) or by mail (Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080).