

Marital Status Adjustment Request 2026/2027 Award Year

700

University of Central Missouri Student Financial Services P.O. Box 800 Warrensburg, MO 64093

Phone 660-543-8266 FAX 660-543-8080

Webpage: www.ucmo.edu/sfs
Documents Only Email:

financialaiddocuments@ucmo.edu

MARPJ

Student's Name (please print)			UCM ID Number	
I have married since my	2026/2027 Free Ap	plication for Fed	eral Student Aid (FAFSA) was	•
submitted, and I am reques	sting my eligibility fo	or federal financia	l aid be recalculated .	
I am submitting copie	s of the following do	cuments with this	request:	
1. My legal marriage	certificate (date of m	arriage must be p	rior to October 15, 2026).	
2. My 2024 IRS Tax R	eturn Transcript.			
3. My spouse's 2024 II	RS Tax Return Trans	cript.		
			ND REQUIRED DOCUMENT YOUR FINANCIAL AID.	rs
Spouse's Full Name:				
My spousewill	will not attend a colle	ege or university of	during the 2026/2027 school year	ar. If he or
she will attend, please prov	vide the name of the s	school:		
Do you/your spouse have live with you and your spo	•	n? If so, how ma	nny of your/your spouse's child	en will
and receive at least half	their financial suppo	ort from you and	your spouse during the 2026/	2027 school
year? Their names	and ages are:			
Student's Signature			Date	
Spouse's Signature			Date	
Local/Campus Address				
City	State	Zip	Student's Telephone/Cel	l 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), by fax (660-543-8080), or via email: financialaiddocuments@ucmo.edu