



115 South Street Middletown, NY 10940 (845)341-4190 fax (845)341-4194

1 Washington Center Newburgh, NY 12550 (845) 562-245 fax (845)220-4062

Statement of Separation (Parent)

Student Name:	ID # A		
Parent Separation Information:			
I certify that I	am separated from my		
(print name)	since		
(print name)	month / year		
because of marital distress with no intention of getting b	back together during the 2018-2019 academic		
year. (July 1, 2018 – June 30, 2019) You <u>MUST</u> provid	de documentation of separation: e.g. proof of separate		
residence (NO cell phone bill); legal separation agreeme	ent; letter from your attorney/legal representative.		
Documentation must show proof of different address	ses.		
TO BE SIGNED IN PERSON WITH NOTARY:			
Parent Signature			
NOTARY ACKNOWLEDGMENT:			
On this, theday of, 20, be	efore me a notary public, the undersigned officer,		
personally appeared	, known to me (or satisfactorily		
proven) to be the person whose name is subscribed	to the within instrument, and acknowledged that		
he/she executed the same for the purposes therein c	contained.		
In witness hereof, I hereunto set my hand and office	cial seal.		
Signature of Notary Public	Print Name of Notary Public		
State of County of			

NOTE: THIS FORM CANNOT BE FAXED OR E-MAILED.