



The witness that completes this form may not be a relative.

This is to certify that, I _____ (name of witness) am a witness to the separation of _____ and _____.

They have been separated since _____.

Student Information

Name of Student: _____

Student's Social Security Number: _____

FHCHS ID# _____

Witness Information

Name of Witness: _____

Address: _____

Phone: _____

Relationship to student: _____

Signature: _____ Date: _____

Note: This letter is for financial aid purposes only.