



Change of Circumstance, Loss of Parent or Spouse Instructions

About

This application is to remove a deceased parent or spouse from a submitted FAFSA.

Review the required documentation, complete the form, and submit both the form and documentation to Grayson College Financial Aid.

I understand when applying for a change of circumstance:

- Additional documentation may be requested.
- Processing may take 2-3 weeks.
- Incomplete requests may not be processed.

By signing this form, you agree to provide information that will verify the accuracy of your situation.

If you purposely give false or misleading information, you will be referred to the Department of Education Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined \$20,000, sent to prison, or both.

Required Documentation

Dependent Student and Parent

- Copy of Death Certificate for Parent(s)
- Copies of **all** 2023 W-2(s) for taxpayers listed on the Tax Return, **or** 2023 IRS Wage and Income Tax Statement for surviving parent/deceased parent.

Independent Student and Spouse

- Copy of Death Certificate for Parent(s)
- Copies of **all** 2023 W-2(s) for taxpayers listed on the Tax Return, **or** 2023 IRS Wage and Income Tax Statement for surviving parent/deceased parent.

To request your IRS Wage & Income Tax Statement visit www.irs.gov or call 1-800-829-0922

Applications may not be processed until all documents are received

How to Submit:

Sign and return this form with required documents to:

Grayson College Financial Aid Office.

6101 Grayson Drive • Denison TX, 75020-8299

Email: financialaid@grayson.edu

Fax: 903.463.3908



Grayson College Financial Aid

Change of Circumstance Loss of Parent or Spouse 2025-2026

Application to remove deceased parent or spouse from submitted FAFSA

* = required field

Student Information

Student Name*: _____ Email*: _____

Student ID* _____ Phone Number*: _____

Date of Birth (m/d/yyyy)* _____ Alternate Phone: _____

Student Address

Street Address*: _____

City, State, and Zip Code* _____

Family Information

What is the relationship of the deceased family member listed on FAFSA?

Parent or Step-parent

Spouse

Full name of deceased family member: _____

Signature

Printed Name*: _____

Student Signature*

<input checked="checked" type="checkbox"/> X	_____
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 Date (mm/dd/yyyy)* _____

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Please fill and sign completed form, and return to :

Grayson College Financial Aid Office.

6101 Grayson Drive • Denison TX, 75020-8299

Email Forms to: financialaid@grayson.edu

Fax forms to: 903.463.3908

Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.

Office Use Only

COA: _____ SAI: _____ Awards: _____ Unmet Need: _____

☐ 4.5 ☐ 9 ☐ 12

SAP:

☐ Dependent ☐ Independent

Docs Complete: ☐ Y ☐ N

Approved: ☐ Y ☐ N

☐ Good ☐ AP ☐ Warn ☐ Susp.

Letter sent: _____ FAO: _____ Date: _____