

Financial Aid Office

3094 Indian Circle, Marianna, Florida 32446 E-mail - <u>financialaid@chipola.edu</u> Tel:850-526-2761 Fax:850-718-2427

VERIFICATION OF STUDENT MARITAL STATUS

Student's Name Please print	
	riease print
Last 4 of SSN#	Chipola ID#
STUDENT'S CURRENT Ma	rital Status: Married Date of Marriage
DivorcedDate of Div	vorce Separated Date of Separation
Have you or your s	spouse filed for divorce?YesNo
lf NO, when do you	ı plan to file?
Separated Spouse's Information	Name Please Print
	Physical Address
	Street Address
	City, State, Zip (Do not list P.O. Box)
Total child support receive	ed for all children in household for 2022
I certify that the informatic the best of my knowledge	on I have provided to the Office of Financial Aid is true, correct and complete to
Student Signature	Date
Chipola	College is an Equal Access/Equal Opportunity Institution http://www.chipola.edu/legal/equity.htm

NOTICE: Please be advised that these documents, once completed, may contain privileged and/or confidential information. The completed documents should be returned in a manner that is private and secure.