



Financial Aid Office

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

VERIFICATION OF STUDENT MARITAL STATUS

Student's Name _____ Please print

Last 4 of SSN# _____ Chipola ID# _____

STUDENT'S CURRENT Marital Status: Married _____ Date of Marriage _____

Divorced _____ Date of Divorce _____ Separated _____ Date of Separation _____

Have you or your spouse filed for divorce? [] Yes [] No

If NO, when do you 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 received for all children in household for 2023 _____

I certify that the information I have provided to the Office of Financial Aid is true, correct and complete to the best of my knowledge.

Student Signature _____ Date _____

Chipola College is an Equal Access/Equal Opportunity Institution
https://www.chipola.edu/equal/

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.