



Financial Aid Office

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

VERIFICATION OF PARENT MARITAL STATUS

Student's Name \_\_\_\_\_

Please print

Last 4 of SSN# \_\_\_\_\_ Chipola ID# \_\_\_\_\_

PARENT'S CURRENT Marital Status: Divorced \_\_\_\_\_

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 2022 \_\_\_\_\_

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 \_\_\_\_\_

Parent 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.