

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		
	Please print		
Last 4 of SSN#	Chipola ID#		
CURRENT Marital Status:	Separated	Date of Separation	
Have you or your sp	ouse filed for divorce? Yes	No	
If NO, when do you p	blan to file?		
Separated Spouse's	Name		
Information	Name Please Print		
	Physical Address		_
	Physical Address Street Address		
	City, State, Zip	(Do not list P.O. Box)	_
Total child support received	l for all children in household for 2	2022	_
I certify that the information the best of my knowledge.	I have provided to the Office of F	inancial Aid is true, correct and	I complete to
Student Signature		Date	_
Chipola (	College is an Equal Access/Equa http://www.chipola.edu/legal/	11 V	

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.