



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 2021 _____

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.