



## Financial Aid Office

3094 Indian Circle, Marianna, Florida 32446

E-mail - [financialaid@chipola.edu](mailto: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 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 \_\_\_\_\_

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.