



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: 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

Parent 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.