



# Financial Aid

995 N. Reed Avenue, Reedley, CA 93654 | Phone: (559) 494-3012 | FAX: (800) 643-0932

## 2024-2025 PARENT INFORMATION REQUEST

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Your Student Aid Report (SAR) has incorrect or incomplete parental information. In the spaces below, provide your parents' names, Social Security numbers, and dates of birth. If a parent is divorced, single, separated, or widowed, only provide information for the parent whose income you reported on your financial aid application. **If your parents do not have Social Security Numbers, enter all zeroes.**

### PARENT'S CURRENT MARITAL STATUS:

Married/Remarried    Divorced/Separated    Single    Widowed    Unmarried & both living together

### DATE OF MARITAL STATUS

Month: \_\_\_\_\_ Year: \_\_\_\_\_

### PARENT (father/mother/stepparent)

Name (as it appears on the Social Security Card):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### OTHER PARENT (father/mother/stepparent)

Name (as it appears on the Social Security Card):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct and authorizes the Financial Aid Office to make corrections and/or add this information to the SAR. The student and one parent whose information was reported on the FAFSA may sign and date. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.** Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_