

**Financial Aid** 

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

## 2025-2026 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 M	ARITAL STATUS:			
☐ Married/Remarried	Divorced/Separated	□ Single	☐ Widowed	□ Unmarried & both living together
DATE OF MARITAL STA	TUS			
Month: Year	:			
PARENT (father/mother/s	stepparent)			
Name (as it appears	on the Social Security Card):			
First:	Middle:			_Last:
Social Security Numl	oer:			
Date of Birth:	///			
OTHER PARENT (father/	(mother/stepparent)			
Name (as it appears	on the Social Security Card):			
First:	Middle:			Last:
Social Security Numl	oer:			
Date of Birth:	///			
	CERTIFI	CATION AND	<u>SIGNATURE</u>	
	s and/or add this information	to the SAR. T	ne student and or	d correct and authorizes the Financial Aid ne parent whose information was reported

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: