Fresno City College
Financial Aid Office
1101 E University Ave
Fresno, CA 93741
Phone: (559) 442-8245
Fax: (559) 499-6024

PARENT INFORMATION REQUEST

STUDENT NAME:_____ 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 Free Application for Federal Student Aid (FAFSA). **If your parents do not have Social Security Numbers, enter all zeroes.**

A. Parent 1's (father/mother/stepparent) Information:

    1. Parent 1's full name (as it appears on the Social Security Card):

        _____

        First   Middle   Last

    2. Parent 1's Social Security Number:_____-_____-_____
    3. Parent 1's Date of Birth:_____/_____/_____

B. Parent 2's (father/mother/stepparent) Information:

    1. Parent 2's full name (as it appears on the Social Security Card):

        _____

        First   Middle   Last

    2. Parent 2's Social Security Number:_____-_____-_____
    3. Parent 2's Date of Birth:_____/_____/_____

C. Parents' Current Marital Status: ☐ Married/Remarried   ☐ Divorced or Separated

                    ☐ Single   ☐ Widowed   ☐ Unmarried and both parents living together

D. Date of Marital Status (Month / Year):_____/_____

We certify that this information is true and correct and we authorize the Financial Aid Office to make corrections or add this information to the SAR. **Digital and/or typed signatures are not acceptable.**

_____   _____
Student Signature   Date   Parent Signature   Date