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

PARENT INFORMATION REQUEST # 10

STUDENT NAME: _____ID#: _____

Your Student Aid Report (SAR) has missing 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 to add this information to the SAR.

_____ _____
Student Signature Date Parent Signature Date