Clovis Community College

2020- 2021 PARENT INFORMATION REQUEST #10

Phone: (559) 325-5239
Fax: (559) 499-6063
Address: 10309 N. Willow Ave.
Email: clovis.financialaid@scccd.edu

STUDENT NAME: _____ ID#: _____

ADDRESS: _____ PHONE #: _____

Your Student Aid Report (SAR) has missing or incomplete parent information. In the spaces below, provide your parents' names, social security numbers, and dates of birth. If your parent is divorced, single, separated, or widowed, only provide information for the parent whose income you should report on your Free Application for Federal Student Aid (FAFSA). **If your parent(s) does not have a Social Security Number, enter all zeroes.**

A. Parent's Marital Status: ☐ Married or remarried ☐ Divorced or Separated
☐ Single ☐ Widowed ☐ Biological parents unmarried and living together

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

C. Parent 1 Information:

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

_____
First Middle Last

2. Parent/Stepparent's Social Security Number: _____

3. Parent/Stepparent's Date of Birth: _____

D. Parent 2 Information:

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

_____
First Middle Last

2. Parent/Stepparent's Social Security Number: _____

3. Parent/Stepparent's Date of Birth: _____

E. What is your parents' state of legal residence? _____

F. Enter the month & year of legal residency for the parent who has lived in the state the longest if it was not before January 1, 2015. _____/ _____

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

FD20CPAR

Revised 1/21/20