

Financial Aid

30277 Avenue 12, Madera, CA 93638 | Phone: (559) 675-4849 | FAX: (800) 643-0518

2024-2025 PARENT INFORMATION REQUEST

Student Name:				Student ID #:	
names, Social Security numbers, and	dates of birth	n. If a parent	is divorced, sing	the spaces below, provide your parents' le, separated, or widowed, only provide ion. If your parents do not have Social	
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/steppe Name (as it appears on the Social st	,	:			
First:	Middle: _			Last:	
Social Security Number:					
Date of Birth://	/				
PARENT'S CURRENT MARITAL STAT	US:				
☐ Married/Remarried ☐ Divorced		☐ Single	□ Widowed	☐ Unmarried & both living together	
DATE OF MARITAL STATUS					
Month: Year:					
	CERTIFI	CATION AND	SIGNATURE		
Office to make corrections and/or add the on the FAFSA may sign and date. WAI	nis information RNING: If you	to the SAR. The purposely gi	ne student and or ve false or misl	d correct and authorizes the Financial Aid ne parent whose information was reported eading information, you may be fined, l/or typed signatures will not be accepted.	
Student Signature:				Date:	
Parent Signature:				Date:	

FM24CPAR