

Financial Aid

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

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 (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/s	tepparent)				
Name (as it appears on the S	ocial Security Card):				
First:	Middle:			Last:	
Social Security Number:					
Date of Birth:/ _					
PARENT'S CURRENT MARITAL	<u>STATUS:</u>				
□ Married/Remarried □ Div	orced/Separated	□ Single		□ Unmarried & both living	together
DATE OF MARITAL STATUS					
Month: Year:					
	CERTIFIC	CATION AND	SIGNATURE		
Each person signing below certifie Office to make corrections and/or on the FAFSA may sign and date sent to prison, or both. Signature	add this information t . WARNING: If you	to the SAR. Th purposely gi	ne student and or ve false or misl	e parent whose information wa eading information, you may	is reported
Student Signature:				Date:	
Parent Signature:				Date:	