

Financial Aid

1101 E University Ave, Fresno, CA 93741 | Phone: (559) 442-8245 | FAX: (559) 499-6024

2025-2026 PARENT INFORMATION REQUEST

Student Name:			Student ID #:
names, Social Security numbers, a	nd dates of birth. ome you reported	If a parent is divorced, sing	the spaces below, provide your parents' le, separated, or widowed, only provide on. If your parents do not have Social
PARENT (father/mother/stepparent)			
Name (as it appears on the Soci	al Security Card):		
First:	Middle:		Last:
Social Security Number:			
Date of Birth: /	/		
OTHER PARENT (father/mother/step Name (as it appears on the Soci	•		
First:	Middle:		Last:
Social Security Number:			
Date of Birth: /	/		
PARENT'S CURRENT MARITAL ST	ATUS:		
☐ Married/Remarried ☐ Divore	ced/Separated	☐ Single ☐ Widowed	☐ Unmarried & both living together
DATE OF MARITAL STATUS			
Month: Year:			
	CERTIFIC	ATION AND SIGNATURE	
Office to make corrections and/or reported on the FAFSA may sign a	add this informationd date. Warning:	on to the SAR. The student if you purposely give fals	d correct and authorizes the Financial Aid and one parent whose information was e or misleading information, you may condition. Bigital and/or typed signatures will not
Student Signature:			Date:
Parent Signature:			Date: