



**Parental Information Form**

Request Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Father/Stepfather:**

Last Name: \_\_\_\_\_ First Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Mother/Stepmother:**

Last Name: \_\_\_\_\_ First Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Marital Status:**

\_\_\_\_\_ Married/Remarried \_\_\_\_\_ Divorced/Separated

\_\_\_\_\_ Widowed \_\_\_\_\_ Single

Date of Status: \_\_\_\_\_

**Legal Residence:**

State of Legal Residence: \_\_\_\_\_ Since (Date): \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form within 10 days of receipt of this request to:  
Office of Financial Aid  
Lehigh Carbon Community College  
4525 Education Park Drive  
Schnecksville, PA 18078  
FAX# 610-799-1798