

2020-2021 Parental Information Form

Student Name: _____ Student ID: _____

Parent 1:

Last Name: _____ First Initial: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Parent 2:

Last Name: _____ First Initial: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Marital Status:

_____ Never Married

_____ Unmarried and both parents living together

_____ Married/Re-married

_____ Divorced/Separated

_____ Widowed

Date of Status: _____

Legal Residence:

State of Legal Residence: _____ Since (Date): _____

Student Signature: _____ Date: _____

WET SIGNATURE REQUIRED

Parent Signature: _____ Date: _____

WET SIGNATURE REQUIREDPlease return this form within 15 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