

2019-20 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:** _____**Parent Signature:** _____ **Date:** _____Please 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