

PARIN



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:** _____

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| 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 |
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