

**2023-2024 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