



2024-2025 PARENT INFORMATION REQUEST

Phone: (559) 325-5239 Fax: (559) 499-6063 Address: 10309 N. Willow Ave. Fresno, CA 93730 Email: financialaid@cloviscollege.edu

STUDENT NAME: _____ ID#: _____

ADDRESS: _____ PHONE #: _____

Your FAFSA Submission Summary has missing or incomplete parent information. In the spaces below, provide your parents' names, social security numbers, and dates of birth. If your parent is divorced, single, separated, or widowed, only provide information for the parent whose income you should report on your financial aid application.

A. Parent's Marital Status: Married or remarried Divorced or Separated
 Single Widowed Biological parents unmarried and living together

B. Date of Current Marital Status (Month/Year): _____ / _____

C. Parent 1 Information:

1. Parent/Stepparent's full name:

First Middle Last

2. Parent/Stepparent's Social Security Number, if applicable: _____ - _____ - _____

3. Parent/Stepparent's Date of Birth: _____ / _____ / _____

D. Parent 2 Information:

1. Parent/Stepparent's full name:

First Middle Last

2. Parent/Stepparent's Social Security Number, if applicable: _____ - _____ - _____

3. Parent/Stepparent's Date of Birth: _____ / _____ / _____

E. What is your parents' state of legal residence? _____

F. Enter the month & year of legal residency for the parent who has lived in the state the longest if it was not before January 1, 2019. _____ / _____

I certify that this information is true and correct and we authorize the Financial Aid Office to make corrections to the student's 2024-2025 FAFSA.

 Student Signature Date Parent Signature Date