



2024-2025 STUDENT 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 financial aid application has missing or incomplete information. In the spaces below, provide your (and your spouse's if applicable) names, Social Security numbers, and dates of birth. If you are divorced, single, separated, or widowed, only provide information for yourself.

A. Student's Marital Status: Married or remarried Divorced or Separated
Single Widowed

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

C. Student Information:

1. Full name:

First

Middle

Last

2. Social Security Number, if applicable: _____ - _____ - _____

3. Date of Birth: _____ / _____ / _____

D. Spouse Information:

1. Full name:

First

Middle

Last

2. Social Security Number, if applicable: _____ - _____ - _____

3. Date of Birth: _____ / _____ / _____

E. What is your state of legal residence? _____

F. Enter the month & year of legal residency if it was not before January 1, 2019. _____ / _____

We certify that this information is true and correct and we authorize the Financial Aid Office to make corrections to add this information to the FAFSA Submission Summary.

Student Signature Date

Spouse Signature Date