

PARIN



Parental Information Form

Request Date: _____

Student Name: _____ Student ID: _____

Father/Stepfather:

Last Name: _____ First Initial: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Mother/Stepmother:

Last Name: _____ First Initial: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Marital Status:

_____ Married/Remarried _____ Divorced/Separated

_____ Widowed _____ Single

Date of Status: _____

Legal Residence:

State of Legal Residence: _____ Since (Date): _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Please return this form within 7 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