

Parent Information

Student Last Name	First Name	CID Number or SSN	
blank. Please complete	the information below for the pa	deral Student Aid (FAFSA) was incon arent(s) who provided the most financia must include stepparent informatio	al support for
Father/Stepfather Last Na	me:		
Father/Stepfather First Na	me Initial:		
Father/Stepfather SSN: _		DOB:	
Mother/Stepmother Last N	lame:		
Mother/Stepmother First N	lame Initial:		
Mother/Stepmother SSN:		DOB:	
Parent(s) Current Mari			
•	arital status of the parent(s) repo	,	
☐ Married/Remarried	Date of Current Marriage:	(Do not leave blank)	
		s currently separated or divorced and is rorce Date: (Do not leave	
Unmarried and bo	h parents living together (my bio	logical parents never married but are li	ving together)
■ Never Married (the	parent I currently live with or the	e parent I last resided with never marrie	ed)
☐ Widowed Date :	(Do not leave blank)		
Parent(s) state of legal r	esidence: Date becan	ne resident (MM/YYYY):	_
I certify the above informa	tion is correct and understand th	e information will be used to correct the	e FAFSA.
Parent Signature:		Date:	
Student Signature:		Date:	

Return to: 1 Academic Drive, Corning, NY 14830 • Attn: Financial Aid • Phone (607) 962-9875 • Fax (607) 962-9019