



Financial Aid Office

Parental Information Form

Student Name: _____ Student ID or SSN: _____

The Office of Financial Aid is in the process of evaluating your financial aid application for federal assistance for the upcoming academic year. Based on information our office received from the federal government, you must complete the information below to add your parent(s) information to the Free Application for Federal Student Aid (FAFSA).

Parent 1 Name (includes Stepparent) _____
(As it appears on Social Security Card)

Social Security Number _____ Date of Birth _____

Parent 2 Name if they live in the home _____
(As it appears on Social Security Card)

Social Security Number _____ Date of Birth _____

Parent's Marital Status _____ Date Married/Divorced/Separated _____

I certify that the above information is true and accurate. I authorized the Financial Aid Office to make any necessary corrections to my Student Aid Report.

Student's Signature _____ Date _____

***Do not mail this document to the U.S. Department of Education.
Submit this document to the financial aid administrator at your school.***

You should make a copy of this document for your records.

Robeson Community College / Financial Aid Office / PO Box 1420 Lumberton, NC 28360

Completed form may be faxed to 910.618.5686 or emailed to finaid@robeson.edu
