



Parent Information 2017-2018 Verification Worksheet

Please read carefully and answer all questions as it relates to you.

Instructions about who is considered a parent on this form:

- If your parent was **never married** or is **widowed**, answer the questions about that parent.
- If your **widowed parent is remarried** as of today, answer the questions about that parent and your stepparent.
- If your parents are **divorced or separated**, answer the questions about the parent you lived with more during the past 12 months. (If you did not live with one parent more than the other, give answers about the parent who provided more financial support during the past 12 months or during the most recent year that you actually received support from a parent.) If this parent is remarried as of today, answer the questions about that parent and your stepparent.
- If your parents are **not married to each other and live together**, provide information about each of them.

STUDENT INFORMATION

Student Name _____

Social Security Number _____

CLCC Student ID Number _____

A. PARENT 1 INFORMATION

Check the box that applies.

- FATHER MOTHER STEPPARENT

Print Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

B. PARENT 2 INFORMATION

Check the box that applies.

- FATHER MOTHER STEPPARENT

Print Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

C. PARENT MARITAL STATUS

Check the box that applies.

- Never married
- Married or remarried
- Divorced or Separated
- Unmarried and both parents living together
- Widowed

Enter date below.

Month and year that current marital status began.
(Date they were married, remarried, separated, divorced or widowed.)

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D. CERTIFICATION AND SIGNATURE

By signing this worksheet, I (we) certify that all the information reported is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____