



PARENT INFORMATION FORM

(Aid Year)

Student Last Name

Student First Name

M.I.

JCCC ID # _____

Daytime Phone No. _____

(xxx - xxx - xxxx)

When you completed your Free Application for Federal Student Aid (FAFSA), parental information was required. However, the information was not received or it was incorrect. Please complete the following information for one or both of your parents.

Parent 1

Social Security #

Last Name

First Initial

Date of Birth

Parent 2

Social Security #

Last Name

First Initial

Date of Birth

We certify that all of the information on this form is complete and correct.

Student Signature

Date

Parent Signature

Date

Please return this form to:
Johnson County Community College
Financial Aid Office, Box 50
12345 College Blvd.
Overland Park, KS 66210-1299
913-469-3840
Fax 913-469-2310
finaid@jccc.edu