

Return to:  
**Ohlone College**  
 Financial Aid Office  
 Building 7, 2<sup>nd</sup> Floor  
 43600 Mission Blvd.  
 Fremont, CA 94539  
 510-659-7309 (Fax)  
 financial\_aid@ohlone.edu



## PARENT DEMOGRAPHIC UPDATE

**Student's Name:** \_\_\_\_\_ **Student's ID:** \_\_\_\_\_

Parent(s)'s marital status:

- Never Married/Single;                       Unmarried and both parents living together  
 Married/Remarried;                               Divorced/Separated;  
 Widowed

Month and Year they were married, remarried, divorced, separated, or widowed: \_\_\_\_\_

**Please complete the following information:**

Parent 1	Parent 2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Relationship to student: _____	Relationship to student: _____
SSN: _____	SSN: _____
DOB: _____	DOB: _____
State of legal residence: _____	State of legal residence: _____
Residence Before 01/01/10: YES              NO	Residence Before 01/01/10: YES              NO
If No, then when: _____	If No, then when: _____

**I certify that the information I have given on this form is complete and correct.**

\_\_\_\_\_

**Student signature**

\_\_\_\_\_

**Date**