

Return to:
Ohlone College
 Financial Aid Office
 Building 7, 2nd 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 01/01/14: YES NO	Residence Before 01/01/14: 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