



# GLENVILLE STATE COLLEGE

## REQUEST FOR PARENTS IDENTIFYING INFORMATION

In the review process of your 2022-2023 FAFSA, there is a mismatch or lack of information regarding the name, date of birth, or social security number of the parent/stepparent's whose information was provided on the application. This information is required in order to receive Federal Financial Aid.

### **Parent 1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Marital Status: \_\_\_\_\_ Date of Status: \_\_\_\_/\_\_\_\_/\_\_\_\_  
State of Residency: \_\_\_\_\_ Date of Residency: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Parent 2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Marital Status: \_\_\_\_\_ Date of Status: \_\_\_\_/\_\_\_\_/\_\_\_\_  
State of Residency: \_\_\_\_\_ Date of Residency: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Return form to: **Office of Financial Aid**  
**Glenville State College**  
**200 High Street**  
**Glenville, WV 26351**  
**(304) 462-4103 office**  
**(304) 462-4407 fax**

[www.cognitofrms.com/GlenvilleStateCollege1/FinancialAidUploadUtility](http://www.cognitofrms.com/GlenvilleStateCollege1/FinancialAidUploadUtility)