



John Wood Community College
1301 South 48th Street
Quincy, IL 62305
FAX 217-641-4192
financialaid@jwcc.edu

Parent SSN / Date of Birth Certification Form

Student's Name: _____ SSN: _____

This form needs to be completed by the student's parent(s) whose information was provided on the FAFSA so that we may determine your financial aid eligibility.

Parent 1

Full Name (as it appears on SS card): _____

Social Security Number: _____

Date of Birth: _____

I certify that this information is correct and will verify the accuracy of this information if needed.

Parent 1 Signature

Date

Parent 2

Full Name (as it appears on SS card): _____

Social Security Number: _____

Date of Birth: _____

I certify that this information is correct and will verify the accuracy of this information if needed.

Parent 2 Signature

Date