



John Wood Community College  
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Quincy, IL 62305  
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## 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