



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

---

## Parent SSN / Date of Birth Certification Form

Student Name: \_\_\_\_\_ JWCC ID #: \_\_\_\_\_

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