

Your Other Parent

Your financial aid application indicates that your biological parents do not live together. Please complete the information below to the best of your ability.

Your Name _____

Your Soc Sec # _____

Name & address of parent
with whom you reside _____

Were your parents ever married? _____

If so, please provide date of divorce or physical separation _____

If not, when was the last time you had contact with your other parent? (approx. date) _____

Which parent has legal custody? _____

When will (did) child support end for you? _____

Child support to be received per month for all other siblings in 2007 \$ _____ (exclude yourself)

Has your custodial parent, remarried? Yes _____ No _____ Date of remarriage _____

Have you been adopted by this stepparent? (if so, indicate date) _____

PLEASE USE REVERSE SIDE FOR ANY FURTHER EXPLANATION

Your Signature _____ Date _____

Signature of parent _____ Date _____

WAIVER: Any request to waive personal and financial information from the "non-custodial" biological parent must be accompanied by the following supporting documentation from your attorney or disinterested third party such as a minister, rabbi, priest, social worker, or family counselor that financial support has not been received from the non-custodial parent.

Please submit directly to Sarah Lawrence College.
Fax # (914) 395-2676