



The Art Institute of CaliforniaSM - Orange County

Personal, Family and Reference Information

STUDENT INFORMATION:			
Student Name		Social Security #	
Street Address		Home Phone #	
City, State, Zip		Work Phone #	
Employer		Pager/Message #	
Date of Birth		E-mail Address	
SPOUSE INFORMATION:			
Spouse Name		Social Security #	
Employer		Home Phone #	
Date of Birth		Work Phone #	
PARENT INFORMATION:			
Mother's Name		Social Security #	
Street Address		Home Phone #	
City, State, Zip		Work Phone #	
Employer			
Father's Name		Social Security #	
Street Address		Home Phone #	
City, State, Zip		Work Phone #	
Employer			
REFERENCE I:			
Name		Home Phone #	
Street Address		Work Phone #	
City, State, Zip		Years Known	
Employer		Relationship	
REFERENCE II:			
Name		Home Phone #	
Street Address		Work Phone #	
City, State, Zip		Years Known	
Employer		Relationship	
REFERENCE III:			
Name		Home Phone #	
Street Address		Work Phone #	
City, State, Zip		Years Known	
Employer		Relationship	
GUARDIAN INFORMATION:			

Complete this section only if no Parent Information is available

Mother's Name		Social Security #	
Street Address		Home Phone #	
City, State, Zip		Work Phone #	
Employer			