

**FINANCIAL AID OFFICE
2002-2003 SOCIAL SECURITY NUMBER/NAME/DATE OF BIRTH VERIFICATION**

Student's Name _____ SSN _____

Any other names under which you attended SBVC _____

Date of birth: _____

The Federal Processor was unable to confirm the Social Security number and/or name and/or date of birth indicated on your 2002-2003 FAFSA. SBVC is required to confirm this information before disbursing financial aid funds to you.

Sign the Student Certification below and submit this form along with copies of the following original documents to the Financial Aid Office.

- A copy of your original Social Security card (if you have lost your Social Security card, see below); AND
- A copy of a valid government-issued photo identification card (e.g., driver license, state I.D. card, military I.D., passport).

In addition,

- If you used a name on your FAFSA that differs from the name on your original Social Security card (e.g., a nickname or a married name) submit documentation explaining the discrepancy. Possible documents include a copy of your driver license, passport, military I.D., marriage license, or state I.D. card. If your name was changed due to naturalization, also submit a copy of your Certificate of Naturalization.
- If you entered the wrong birth date on the FAFSA, submit a copy of your birth certificate.

IF YOU HAVE LOST YOUR SOCIAL SECURITY CARD

If you have lost your Social Security card, you should go in person to your local Social Security Office and apply for a replacement Social Security card. You need to provide identification. You will receive the replacement Social Security card within two weeks. When you submit your application, be sure to request a receipt. The receipt is a computer print-out from the Social Security Administration (SSA) that verifies your Social Security number, name and date of birth. You may submit either a copy of a replacement Social Security card or an original receipt (computer print-out from the SSA) to the Financial Aid Office as verification of your Social Security number. To find your local Social Security Office, call (800)772-1213 between 7:00 a.m. and 7:00 p.m.

STUDENT CERTIFICATION

I certify that I am the *student represented* in the documents attached. I *understand that false statements or misrepresentations will* be reported to the Department of Education Inspector General and the U.S. Attorney General *and will* affect my eligibility for financial aid.

Student's signature _____ Date _____