



2015-2016 SOCIAL SECURITY/NAME/DATE OF BIRTH CONFIRMATION FORM

STUDENT INFORMA	ATION				
_				work to Governors State University.	
Incomplete paperwo	rk will not be a	ccepted, thereby delaying	र the processi1	ng of your financial aid award.	
Student Name:		GSU	ID #	Last 4 digits of SS#:	
Please Print	Last	First		-	
Permanent Home Add	ress:				
	City		State	e Zip Code	
Student's Date of Birth	:	Home Phone #: _		Cell #:	
Email Address:		@student.govst.edu			
Based upon the inform Education was unable birth certificate and yo	ation you submi to confirm your our social securit	legal name, social security y card to the Office of Stude	ion for Federal number and/or ent Financial Ai	Student Aid (FAFSA), the U.S. Department r date of birth. Please submit copies of you id (OSFA). If your name was legally change on and if necessary correct your FAFSA	r
Return this original for	rm to our office a	along with the following do	cumentation (please check):	
□ Copy of signed and□ Copy of Birth		card			
Only if Applicable:					
☐ Copy of court☐ Marriage Cert	document for leg ificate	gal name change			
	ation reported o	n this document is true, co denial, reduction, withdrav		curate. I understand that any false stateme ayment of financial aid.	nts
Student's Signature		Date		WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	

CRI CODE: FAC15NAV