

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

## 2023-2024 SOCIAL SECURITY/NAME/DATE OF BIRTH CONFIRMATION FORM

STUDENT INFO	RMATION					
-		and provide copies of		-		-
Incomplete paper	rwork will not be a	accepted, thereby d	elaying the proc	cessing of you	r financial aid awai	rd.
Student Name:			GSU ID #		Last 4 digits of SS#:	
Please Print	Last	First				
Permanent Home	Address:City					
	City			State	Zip Code	
Student's Date of E	Birth:	Home Pho	ne #:		Cell #:	
Email Address:		@student.govst.e	edu			
Based upon the inf Education was una birth certificate an	formation you submable to confirm your dyour social securi	OF BIRTH VERIFICATION OF BIRTH VERIFICATION OF THE APPROVED THE APPROVED THE APPROVED THE APPROVED THE OF BIRTH OF THE OF APPROVED THE OF APPR	pplication for Fed curity number a of Student Financ	nd/or date of b cial Aid (OSFA).	irth. Please submit o If your name was le	copies of your egally changed,
Return this origina	al form to our office	along with the follow	ving documentat	ion ( <b>please ch</b>	eck):	
and	gned Social Security	y card				
Only if Applicable	:					
☐ Copy of co ☐ Marriage	ourt document for le Certificate	egal name change				
	ormation reported	on this document is t r denial, reduction, w				alse statements
Student's Signatur	e	Date		misleading	If you purposely give ginformation on this w	vorksheet, you

CRI CODE: FAC23NAV