

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

2025-2026 SOCIAL SECURITY/NAME/DATE OF BIRTH CONFIRMATION FORM

STUDENT INFO	RMATION					
-		and provide copies of		-		-
Incomplete paper	rwork will not be	accepted, thereby d	elaying the proc	cessing of your	financial aid awa	rd.
Student Name:			GSU ID #	L	ast 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	du			
Based upon the inf Education was una birth certificate an	formation you subnable to confirm you able to confirm you ad your social secur	OF BIRTH VERIFIC nitted on your Free Ap r legal name, social se rity card to the Office of the of Financial Aid wil	oplication for Fed curity number a of Financial Aid. I	nd/or date of bi If your name wa	rth. Please submit s legally changed, _l	copies of your please provide
Return this origina	al form to our office	along with the follow	ring documentati	ion (please che	ck):	
and	gned Social Security	y card				
Only if Applicable	:					
☐ Copy of co	ourt document for lo Certificate	egal name change				
	ormation reported	on this document is t r denial, reduction, w				false statements
Student's Signatur	e	Date		misleading	If you purposely give information on this v	worksheet, you

CRI CODE: FAC25NAV