Governors State UNIVERSITY

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

2026-2027 SOCIAL SECURITY/NAME/DATE OF BIRTH CONFIRMATION FORM

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University.
Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.

Student Name: _____ GovState ID#: _____ Last 4 digits of SS#: _____
Please Print Last First

Permanent Home Address: _____
City State Zip Code

Student's Date of Birth: _____Home Phone #: _____Cell #: _____

Email Address: _____

SOCIAL SECURITY/NAME/DATE OF BIRTH VERIFICATION

Based upon the information you submitted on your Free Application for Federal Student Aid (FAFSA), the U.S. Department of Education was unable to confirm your legal name, social security number and/or date of birth. Please submit copies of your birth certificate and your social security card to the Office of Financial Aid & Scholarships. If your name was legally changed, please provide appropriate documentation. The Office of Financial Aid & Scholarships will review the information and if necessary correct your FAFSA accordingly.

Return this original form to our office along with the following documentation (**please check**):

- ☐ Copy of signed Social Security card
  and
- ☐ Copy of Birth Certificate

Only if Applicable:

- ☐ Copy of court document for legal name change
- ☐ Marriage Certificate

CERTIFICATION STATEMENT

I certify that all information reported on this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

_____
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: FAC26NAV