

Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

 $\textbf{P} \ \ 206\text{-}281\text{-}2061 \ \text{or} \ 800\text{-}737\text{-}8826 \ (toll \ free)$

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

BIRTHDATE / NAME / SSN VERIFICATION FORM

| Student Signature | Date | Email | |
|---|---|--|-----------------------------------|
| Social Security Administration complete and correct. If I p | By signing this document, urposely give false or mislea ent of student aid and I/we r | tween the information reported on the I certify that all the information repading information on this documen may be fined, be sentenced to pris | oorted on it is nt, it will be |
| I am confirming the followi | ng: | | |
| Please print your curren | t, legal name as it appears | on your Social Security Card: | |
| If you lost your Social Secu Social Security website. | rity Card, changed your nar | me or need a replacement, visit the | e |
| Attach a copy of yo | correct on the FAFSA: our current SSN Card AND, e documentation for the nar | me discrepancy (marriage certifica | ate, court |
| | rth is incorrect on your FAF our Birth Certificate, valid Dr | | |
| | orrect on your FAFSA: our signed Social Security C | ard | |
| 1. If the information is co | rrect contact <u>Social Security</u> | Administration to have your reco | rds updated. |
| Login to your <u>FAFSA</u> and v | rerify the information you sul | bmitted. | |
| did not match the informat | tion on file with the SSA, or | your enrollment record with SPU. s your financial aid application. | |
| | | r FAFSA and the Social Security curity Number (SSN) you reported | |
| STUDENT NAME: | | SPU ID: | |