



Student Name: _____

WIN #: _____

-- Please Print Legibly in **Blue** or Black Ink Only --

Social Security Number Verification

We have been asked by the U.S. Department of Education to verify your name, date of birth and Social Security number. Please complete, sign and return this form along with the required attachments (indicated below) to the Financial Aid Office as soon as possible. **Your completed form must be received in our office at least 30 days prior to your last date of enrollment for the academic year you are requesting financial aid.**

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Daytime Phone Number: (____) _____

Required attachments for ALL Social Security verification:

- **A copy of your Social Security card** to verify your name and social security number.
- **and**
- **One of the following:** A copy of your birth certificate, driver’s license (copy the back side if there are changes on your license), state I.D. card, **or** passport to verify your date of birth.
- **If the name you are currently using does not match the name on your social security card,** please also attach a copy of the legal documentation of the name change (e.g. marriage certificate, divorce document, etc.) Note: You should also change your name with the Social Security Administration to avoid future difficulties.

Student Signature: _____ Date: _____

We cannot proceed with your application for financial aid until your social security verification is complete. Many financial aid programs have specific deadlines, and delays in processing may result in a reduction or loss of potential financial aid awards. Be sure to include your name and WIN number on any documents you submit. If you have any questions or need assistance, please contact us at (269) 387-6000 between 8:00 a.m. and 5:00 p.m., Monday through Friday.