

Financial Aid 1530 W. 17th St. Santa Ana, CA 92706

Name of Financia	al Aid Applicant (Please print)	
Last	First	Middle
Student ID Numb	er:	_

## SOCIAL SECURITY/DOB MATCH FOR STUDENT

All applicants must provide the name(s) and Social Security Number(s) on the FAFSA. Either the information was left blank or the name, Social Security number, or date of birth were invalid when matched with the Social Security Administration Records.

**Instructions to student:** The federal government requires colleges to check the accuracy of the information you provided on your FAFSA. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form before we can proceed with the process of your financial aid.

Attach a copy of your Social Security Card and Driver's License or State ID.

**Your** Name as it appears on your Social Security Card:

It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: financial\_aid@sac.edu, 714-564-6242 for needed accommodations or alternate formats.

☐ No

■ No

☐ Yes

Resolution comments:

Need SSA correction?