SANTA ANA COLLEGE

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

Name of Financial Aid Applicant (Please print)

_____
Last First Middle

Student ID Number: _____

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:

_____ _____ _____
Last Name First Name Middle Name

Your Social Security Number: _____ - _____ - _____

Your Date of Birth: _____ / _____ / _____ **Your** Marital Status: _____
mm dd yyyy

STUDENT CERTIFICATION:

I certify that I am the person represented in the documents photocopied and attached. I understand that false statements or misrepresentations may be reported to the U.S. Attorney General and may affect eligibility for federal student aid.

_____ _____
Student's Signature Date

Office use only:

Correction sent to Federal Processor: ❑ Yes ❑ No

Need SSA correction? ❑ Yes ❑ No

If yes, notified student & parent? ❑ Yes Resolution comments: _____

_____

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