

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

2016-2017 SOCIAL SECURITY/NAME/DATE OF BIRTH CONFIRMATION FORM

STUDENT INFO	RMATION				
-				-	Governors State University.
Incomplete paper	rwork will not be a	accepted, thereby d	elaying the proc	essing of you	ur financial aid award.
Student Name:			GSU ID #		Last 4 digits of SS#:
Please Print	Last	First			<u> </u>
Permanent Home	Address:				
Permanent Home Address:City			State		Zip Code
Student's Date of Birth:		Home Pho	Home Phone #:		Cell #:
Email Address:		@student.govst.	edu		
Based upon the inf Education was una birth certificate an	formation you submable to confirm yourd d your social securi	r legal name, social so ity card to the Office	pplication for Fed ecurity number an of Student Financ	nd/or date of cial Aid (OSFA	Aid (FAFSA), the U.S. Department of birth. Please submit copies of your a.). If your name was legally changed, necessary correct your FAFSA
Return this origina	al form to our office	along with the follow	ving documentati	ion (please cl	heck):
☐ Copy of signard ☐ Copy of Bi	gned Social Security orth Certificate	y card			
Only if Applicable	:				
☐ Copy of co☐ Marriage (ourt document for le Certificate	egal name change			
	ormation reported	on this document is to denial, reduction, w			understand that any false statement of financial aid.
Student's Signatur	e	 Date			6: If you purposely givefalse or ng information on this worksheet, you

CRI CODE: FAC16NAV

may be fined, be sentenced to jail, or both.