

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

2020-2021 SOCIAL SECURITY/NAME/DATE OF BIRTH CONFIRMATION FORM

STUDENT INFO	RMATION				
-				-	Governors State University.
Incomplete pape	rwork will not be a	accepted, thereby d	elaying the proc	essing of you	ır 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 in: Education was una birth certificate an	formation you submable to confirm your able to confirm your ad your social securi	legal name, social so	pplication for Fed ecurity number an of Student Financi	nd/or date of ial Aid (OSFA	Aid (FAFSA), the U.S. Department of birth. Please submit copies of your). If your name was legally changed, necessary correct your FAFSA
Return this origina	al form to our office	along with the follow	ving documentation	on (please c ł	neck):
and	gned Social Security irth Certificate	v card			
Only if Applicable	::				
	ourt document for le Certificate	egal name change			
	formation reported	on this document is a denial, reduction, w			understand that any false statements of financial aid.
 Student's Signatur	re	 Date			i: If you purposely givefalse or ng information on this worksheet, you

CRI CODE: FAC20NAV

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