

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

CRI CODE: FAC24NAV

2024-2025 SOCIAL SECURITY/NAME/DATE OF BIRTH CONFIRMATION FORM

Student Name: _			GSU ID #		Last 4 digits of SS#	‡ :
Please Print	Last	First			_	
Permanent Hom	e Address:					
	City	7		State	Zip Code	
Student's Date o	f Birth:	Home Pho	ne #:		Cell #:	
Email Address: _		@student.govst.e	edu			
appropriate doctaccordingly. Return this origi Copy of and	umentation. The Offic	rity card to the Office of ce of Financial Aid will along with the follow y card	l review the info	ormation and	if necessary correct y	
Only if Applicab	le:					
☐ Copy of☐ Marriag	court document for l e Certificate	egal name change				
I certify that all i		on this document is t r denial, reduction, wi				r false statements
Student's Signati	ure	 Date		mislead	G: If you purposely giv ling information on this fined he sentenced to i	worksheet, you