

2025-2026 SOCIAL SECURITY/NAME/DATE OF BIRTH CONFIRMATION FORM

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University. **Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.**

Student Name:		GSU ID #		_ Last 4 digits of SS#:	
Please Print	Last	First			
Permanent Home Ac	ldress:				
	City		State	Zip Code	
Student's Date of Bir	th:	Home Phone #:		Cell #:	
Email Address:					

SOCIAL SECURITY/NAME/DATE OF BIRTH VERIFICATION

Based upon the information you submitted on your Free Application for Federal Student Aid (FAFSA), the U.S. Department of Education was unable to confirm your legal name, social security number and/or date of birth. Please submit copies of your birth certificate and your social security card to the Office of Financial Aid. If your name was legally changed, please provide appropriate documentation. The Office of Financial Aid will review the information and if necessary correct your FAFSA accordingly.

Return this original form to our office along with the following documentation (**please check**):

- □ Copy of signed Social Security card *and*
- □ Copy of Birth Certificate

Only if Applicable:

- □ Copy of court document for legal name change
- □ Marriage Certificate

CERTIFICATION STATEMENT

I certify that all information reported on this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

CRI CODE: FAC25NAV