

SOCIAL SECURITY NUMBER AND NAME VERIFICATION

Academic Year 2009–2010

Return this form

By mail to:

One Stop Student Services
University of Minnesota, Twin Cities
200 Fraser Hall, 106 Pleasant St. SE
Minneapolis, MN 55455-0422

On campus at:

200 Fraser Hall, East Bank
130 West Bank Skyway, West Bank
130 Coffey Hall, St. Paul

Questions?

Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
E-mail: helpingu@umn.edu

You must attach a legible copy of your Social Security card when you return this completed form.

DIRECTIONS—You must verify your name and Social Security number for processing of your 2009–2010 Free Application for Federal Student Aid (FAFSA) to continue. Please attach a legible copy of your Social Security card with this completed document and return it to One Stop Student Services (see addresses above). **The name that is printed on your Social Security card will be used.** If the name on the Social Security card is not your legal name, you will need to contact Social Security Administration to obtain a new Social Security card with your legal name before you complete this form.

If we determine that your name or Social Security number is incorrect with the U.S. Department of Education, we will submit the correct one. This will allow us to continue processing your application.

If you do not have a Social Security card or it is lost, please call the Social Security Administration at 1-800-772-1213 to obtain a new card.

To complete online, open in Adobe Reader (free at Adobe.com), not a Web browser, to protect your private information. Place the cursor in a field and type. Print each page when completed. Add the required signature(s) in blue or black ink. Enter your name and Social Security number exactly as they appear on your Social Security card.

SECTION A. Student information		
First name	Middle name	Last name
Birth date (MM/DD/YYYY)	Social Security number	University ID
SECTION B. Certification		
<p>I certify that the information I have provided is true. I understand that misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of my financial aid whenever discovered. I authorize University staff to correct my Social Security number and/or name with the U.S. Department of Education, if necessary.</p>		
Student signature		Date



To request copies of this form in an alternative format, please call the Disabilities Services liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.