

**DATE OF BIRTH 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](mailto:helpingu@umn.edu)

**You must attach a legible copy of your birth certificate, passport, or driver's license when you return this completed form.**

**DIRECTIONS**—You must verify your date of birth for processing of your 2009–2010 Free Application for Federal Student Aid (FAFSA) to continue. Please attach a legible copy of your birth certificate, U.S. passport, or driver's license with this completed document and return it to One Stop Student Services (see addresses above).

If we determine that your date of birth 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 we determine that your date of birth is incorrect with the Social Security Administration, we will contact you in writing. You will need to contact the local or regional Social Security Administration office directly to provide them with the correct information before we can submit a correction to the U.S. Department of Education. You may reach the Social Security Administration at 1-800-772-1213.

To complete online, open in Adobe Reader (free at [Adobe.com](http://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.

| <b>SECTION A. Student information</b>  |                        |               |
|--|------------------------|---------------|
| First name   | Middle name            | Last name     |
| Birth date (MM/DD/YYYY)  | Social Security number | University ID |
| <b>SECTION B. Certification</b>  |                        |               |
| <p><b>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 birth date with the U.S. Department of Education, if necessary.</b></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.

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