

SOCIAL SECURITY NUMBER MATCH PROBLEM

Student Name: _____ Student ID: _____

Academic Period of Enrollment

Fall 2022, Spring 2023, Summer 2023 Fall 2023, Spring 2024, Summer 2024 Other: _____

Social Security Administration (SSA) did not confirm your name and/or date of birth based on the social security number you reported on your Free Application for Federal Student Aid (FAFSA).
Please complete, sign, date, and return this form, along with attachments, to the address or fax number provided above. Do not submit via email.

1) Review the following information exactly as it appears on your Social Security Card:

- Your full name
- Your social security number (SSN)

2) Review your Student Aid Report (SAR) for comments about the accuracy of your name, SSN, or DOB:

- If the comment(s) indicate there is a problem with your **name**: update your FAFSA at studentaid.gov/h/apply-for-aid/fafsa to reflect your name exactly as it appears on your Social Security Card. If desired, you may request our office to update your FAFSA by attaching documentation explaining the discrepancy in your name (ex: marriage certificate, court order, etc.).
- If the comment(s) indicate there is a problem with your **date of birth (DOB)**: update your FAFSA at studentaid.gov/h/apply-for-aid/fafsa to reflect your DOB exactly as it is on file with the Social Security Administration (SSA). If desired, you may request our office to update your FAFSA by attaching proof of your date of birth (ex: driver's license, birth certificate, passport, etc.).

3) Additional Information/steps:

- If the information on your SAR is not correct, we will use the documentation attached to this form to assist you with updating your FAFSA information.
- If the information on your SAR is correct, it may be necessary for you to update your records with Social Security Administration at 1-800-772-1213 or online at ssa.gov.

By signing this form, you certify that all of the information you provided on the form and any submitted documentation is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student Signature: _____ Date: _____ Phone number: _____

Office Use Only

ISIR Trans: _____ [] Chkst: SSNMH _____ Date: _____ Init: _____
CC: _____ Name OK? Y N [] ISIR Corr
SSN Mtch: _____ SSN OK? Y N [] PK Sum- Override SSN DB Mth (review SSA CTZ)
SSA Ctz: _____ DOB OK? Y N [] Advised student to contact SSA to update records