

Financial Aid 1530 W. 17th St. Santa Ana, CA 92706

Name of Financial Aid Applicant (Please print)				
Last	First	Middle		
Student ID Number:		_		

SOCIAL SECURITY MATCH FOR PARENT 1 ON FAFSA

All dependent applicants must provide the name(s) and Social Security Number(s) of the parent(s) who provided financial data on the FAFSA. Either the information was left blank or the name, Social Security number, or date of birth were invalid when matched with the Social Security Administration Records.

Instructions to student: The federal government requires colleges to check the accuracy of the information you provided on your FAFSA. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form before we can proceed with the process of your financial aid.

Parent 1 Last Name	Parent 1 First Nan	Parent 1 Middle Name
Parent 1 Social Security Number:		(If no SS#, please put 000-00-0000)
Parent 1 Date of Birth:mm	dd yyyy	Parent 1 Marital Status:
PARENT CERTIFICATION:		
ments or misrepresentations n	nay be reported to the	uments photocopied and attached. I understand that false stat U.S. Attorney General and may affect
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ments or misrepresentations n eligibility for federal student a	nay be reported to the id.	U.S. Attorney General and may affect
ments or misrepresentations neligibility for federal student a Parent 1 Signature	nay be reported to the id.	U.S. Attorney General and may affect Date

It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: financial_aid@sac.edu, 714-564-6242 for needed accommodations or alternate formats.



Financial Aid 1530 W. 17th St. Santa Ana, CA 92706

Name of Financia	l Aid Applicant (Please print)	
Last	First	Middle
Student ID Numb	er:	_

SOCIAL SECURITY MATCH FOR PARENT 2 ON FAFSA

All dependent applicants must provide the name (s) and Social Security Number (s) of the parent (s) who provided financial data on the FAFSA. Either the information was left blank or the name, Social Security number, or date of birth were invalid when matched with the Social Security Administration Records.

Instructions to student: The federal government requires colleges to check the accuracy of the information you provided on your FAFSA. You must complete the verification process before the Office of Finanwe can proceed with the process of your financial aid.

cial Aid can establish your eligibility for assistance. You must return the information requested on this form before Attach a copy of your Parent 2 Social Security Card and Driver's License or State ID. Parent 2 Name as it appears on his/her Social Security Card: Parent 2 First Name Parent 2 Middle Name Parent 2 Last Name **Parent 2** Social Security Number: _____ - ____ (If no SS#, please put 000-00-0000) Parent 2 Date of Birth: ____ / ___ dd / ___ yyyy Parent 2 Marital Status: _____ **PARENT CERTIFICATION:** I certify that I am the person represented in the documents photocopied and attached. I understand that false statements or misrepresentations may be reported to the U.S. Attorney General and may affect eligibility for federal student aid. Parent 2 Signature Student's Signature Office use only: Correction sent to Federal Processor: Yes ☐ No ■ No Need SSA correction? If yes, notified student & parent? Yes Resolution comments: