SANTA ANA COLLEGE

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.

- Attach a copy of your Parent 1 Social Security Card and Driver's License or State ID.

Parent 1 Name as it appears on his/her Social Security Card:

_____   _____   _____
Parent 1 Last Name   Parent 1 First Name   Parent 1 Middle Name

Parent 1 Social Security Number: _____ - _____ - _____ (If no SS#, please put 000-00-0000)

Parent 1 Date of Birth: _____ / _____ / _____   **Parent 1** Marital Status: _____
                        mm   dd   yyyy

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 1 Signature   Date

_____   _____
Student's Signature   Date

Office use only:

Correction sent to Federal Processor: ❑ Yes   ❑ No

Need SSA correction?   ❑ Yes   ❑ No
    If yes, notified student & parent?   ❑ Yes   Resolution comments: _____
_____
_____

	Name of Financial Aid Applicant (Please print)
SANTA ANA C O L L E G E	
	_____
Financial Aid	Last First Middle
1530 W. 17th St.	
Santa Ana, CA 92706	Student ID Number: _____

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 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.

- 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 Last Name   Parent 2 First Name   Parent 2 Middle Name

Parent 2 Social Security Number: _____ - ____ - _____ (If no SS#, please put 000-00-0000)

Parent 2 Date of Birth: _____ / ____ / _____   **Parent 2** Marital Status: _____
                      mm   dd   yyyy

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   Date

_____   _____
Student's Signature   Date

Office use only:

Correction sent to Federal Processor: ❑ Yes   ❑ No

Need SSA correction?   ❑ Yes   ❑ No
     If yes, notified student & parent? ❑ Yes   Resolution comments: _____
_____
_____

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