**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/DOB MATCH FOR STUDENT

All applicants must provide the name (s) and Social Security Number (s) 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 Social Security Card and Driver's License or State ID.

**Your** Name as it appears on your Social Security Card:

_____  _____  _____
Last Name                       First Name                      Middle Name

**Your** Social Security Number: _____ - _____ - _____

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

**STUDENT 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.

_____    _____
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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