

SOCIAL SECURITY NUMBER VERIFICATION

Academic Year _____

Federal financial aid eligibility requires that your name match the name on file for your Social Security number. Differences must be resolved before federal aid can be processed or disbursed.

To resolve the mismatch reported on your Free Application for Federal Student Aid (FAFSA) you must attach a legible copy of your Social Security card to this completed form and return both to the Financial Aid Office. A legible faxed copy to (651) 290-6437 of the card and this form is acceptable.

We will continue financial aid processing using the name that is printed on the Social Security card. If the name on your Social Security card is not your legal name, you will need to contact the Social Security Administration at 1-800-772-1213 to obtain a valid Social Security card and submit the updated card copy to the Financial Aid Office. Financial Aid processing will not continue until a complete, valid Social Security card copy and this form are submitted.

Certification: *I certify that the information I have provide is true. I understand that misrepresentation of the facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of my financial aid whenever discovered.*

Signature: _____ Date: _____

For more information:

Financial Aid Office | mitchellhamline.edu/financial-aid/ | finaid@mitchellhamline.edu | 875 Summit Avenue Room 120 | St. Paul, MN 55105 | 651- 290-6403 | 1-888-962-5529 | Confidential Fax (651) 290-6437