



Social Security Verification Student

Name: _____ Student ID: _____

Address: _____

Email Address: _____

Daytime Phone: _____ Cell: _____

We have been asked by the U.S. Department of Education to verify your name, date of birth, and Social Security number. Please complete, sign, and return this form along with the required attachments to the Financial Aid Office as soon as possible.

Date of Birth: _____

Required documentation for ALL Social Security verification:

1. Please attach one of the following: A copy of your birth certificate, driver's license, state I.D. card, or passport to verify your date of birth.
2. A copy of your Social Security card to verify your name and Social Security number.
3. If the name you are currently using does not match the name on your Social Security card, please also attach a copy of the legal documentation of the name change (i.e. marriage certificate, divorce document, etc.). Note: You should also change your name with the Social Security Administration to avoid future difficulties.

Student Signature _____

Date _____

Please return form to:

Financial Aid Office
Mount Vernon Nazarene University
Attn: Vickie Williams
800 Martinsburg Road
Mount Vernon, OH 43050