

## DATE OF BIRTH VERIFICATION

**Academic Year 2024-2025**

**RETURN FORM:**

**ONLINE:**

[z.umn.edu/upload-financial-aid-documents](https://z.umn.edu/upload-financial-aid-documents)

**BY MAIL TO:**

Office of Student Finance  
160 Williamson Hall  
231 Pillsbury Dr. SE  
Minneapolis, MN 55455-0252

**IN PERSON ON CAMPUS AT:**

**One Stop Student Services**  
333 Robert H. Bruininks Hall

**Questions?**

Phone: 612-624-1111  
TTY (hearing impaired):  
612-626-0701 Email:  
[onestop@umn.edu](mailto:onestop@umn.edu)

**You must attach a legible copy of your birth certificate, passport, or driver's license when you return this completed form.**

**DIRECTIONS**—You must verify your date of birth in order for the processing of your 2024-2025 Free Application for Federal Student Aid (FAFSA) to continue. Please submit a legible copy of your birth certificate, U.S. passport, or driver's license and this completed form using the electronic dropbox ([z.umn.edu/upload-financial-aid-documents](https://z.umn.edu/upload-financial-aid-documents)).

If we determine that your date of birth is incorrect with the U.S. Department of Education, we will submit the correct one. This will allow us to continue processing your application.

If we determine that your date of birth is incorrect with the Social Security Administration, we will contact you via your U of MN email address. You will need to contact the local or regional Social Security Administration office directly to provide them with the correct information before we can submit a correction to the U.S. Department of Education. You may reach the Social Security Administration at 1-800-772-1213.

To ensure privacy online, open in Adobe Reader (free at [Adobe.com](https://adobe.com)). Please add the required signature(s) in blue or black ink. Your name must be entered exactly as it appears on your Social Security card.

<b>SECTION A. Student information</b>		
Name (first, middle initial, last)		
Birthdate (mm/dd/yyyy)	Last 4 digits of Social Security number	University Student ID number
<b>SECTION B. Certification</b>		
I certify that the information I have provided is true. I understand that misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of my financial aid whenever discovered. I authorize University staff to correct my name, date of birth, and/or social security number with the U.S. Department of Education, if necessary.		
Student signature	Date	

To request copies of this form in an alternative format, call Disability Resource Center at 612-626-1333. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

