

SOCIAL SECURITY NUMBER AND NAME VERIFICATION

Academic Year 2023-2024

RETURN FORM:

ONLINE:

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

You must attach a legible copy of your Social Security card when you return this completed form.

DIRECTIONS—You must verify your name and Social Security number for processing of your 2023-2024 Free Application for Federal Student Aid (FAFSA) to continue. Please submit a legible copy of your Social Security card and this completed form using the electronic dropbox (z.umn.edu/upload-financial-aid-documents). **The name that is printed on your Social Security card will be used.** If the name on the Social Security card is not your legal name, you will need to contact Social Security Administration to obtain a new Social Security card with your legal name before you complete this form.

If we determine that your name or Social Security number 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 you do not have a Social Security card or it is lost, please call the Social Security Administration at 1-800-772-1213 to obtain a new card.

To ensure privacy online, open in Adobe Reader (free at 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.

SECTION A. Student information		
Name (first, middle initial, last)		
Birthdate (mm/dd/yyyy)	Last 4 digits of Social Security number	University Student ID Number
SECTION B. Certification		
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 Disabilities 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.



Please recycle.