Georgia State University

OFFICE OF STUDENT FINANCIAL AID

Panther ID Number

DATE OF BIRTH VERIFICATION *(STUDENT)*
2008-2009

Your 2008 – 2009 Free Application for Federal Student Aid (FAFSA) contains conflicting information involving your name, social security number, and/or date of birth. Please provide verification.

Student's Last Name	First	MI	Date of Birth
			/ / 1 9

ADDRESS

Street | Apt/Suite No.

City | State | Zip Code

INSTRUCTIONS: In the space below please print your name, social security number, and date of birth. To verify that your information is correct please submit a copy of one of the following documents:

☐ Driver's License ☐ Baptismal Record ☐ Birth Certificate ☐ Passport

Student's Name _____

Social Security Number _____ - ____ - _____ **Date of Birth** ____ / ____ / ____

CERTIFICATION STATEMENT

"**I certify that this information is true and correct to the best of my knowledge.**"

Student's Signature_____ **Date**_____

FAILURE TO COMPLETE THIS FORM AS DIRECTED WILL RESULT IN THIS FORM BEING RETURNED TO YOU.

Return this form to: **OFFICE OF STUDENT FINANCIAL AID**
P.O. Box 4040   Atlanta   GA 30302-4040
Phone: 404-413-2400   Fax: 404-413-2102

ONE STOP SHOP
Sparks Hall…….rooms 227 and 228
Kell Hall ……….room 292
Hours: Monday – Friday from 8:30am to 5:15pm

F O R   O F F I C E   U S E   O N L Y

Action Taken: ☐ Approved   ☐ Disapproved

Reviewed By: Initials_____ Date_____