

					2009-2010					
Panther ID Number										

DATE OF BIRTH VERIFICATION (FATHER)

2009-2010

DOBVF

Your 2009-2010 Free Application for Federal Student Aid (FAFSA) contains conflicting information involving your parent's information i.e. name, social security number, and/or date of birth. Please provide verification.

Studen	t's Last Name	First	MI						
	and date of birth. To verify that this	ete this form. In the space below plea information is correct please submit a							
Driver's License	Baptismal Record	Birth Certificate	Passport						
Father's Name									
Social Security Number	er	Date of Birth/	<u> </u>						
	CERTIFICATION	STATEMENT							
"It.			"						
"I certify that this information is true and correct to the best of my knowledge."									
Father's Signature		Date							
Street Address Apt/Suite No									
City State Zip Code									
FAILURE TO COMPLE	TE THIS FORM AS DIRECTED WILL	RESULT IN THIS FORM BEING RET	URNED TO YOU.						
Return this form to:	OFFICE OF STUDENT FINANCIAL								
	P.O. Box 4040 Atlanta GA 30302-4040 Phone: 404-413-2400 Fax: 404-413-2102								
		Kell Hallroom 292 Hours: Monday – Friday fro							
Action Taken:	Phone: 404-413-2400 Fax: 404-413-2102	Kell Hallroom 292 Hours: Monday – Friday fro							
Action Taken:	FOR OFFICE Approved □ Disapprov	Kell Hallroom 292 Hours: Monday – Friday fro							