Georgia State University

OFFICE OF STUDENT FINANCIAL AID

Panther ID Number

DATE OF BIRTH VERIFICATION (*MOTHER*)
2009-2010

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.

Student's Last Name	First	MI

INSTRUCTIONS: *Student's mother or stepmother must complete this form*. In the space below please print your name, social security number, and date of birth. To verify that this information is correct please submit a copy of one of the following documents as proof:

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

Mother'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.**"

Mother's Signature_____ **Date**_____

Street Address_____ **Apt/Suite No.**_____

City_____ **State**_____ **Zip Code** _____

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**   **ONE STOP SHOP**
P.O. Box 4040   Atlanta   GA 30302-4040   Sparks Hall…….rooms 227 and 228
Phone: 404-413-2400   Fax: 404-413-2102   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_____