

**2014 – 2015  
SSN, DOB, NAME, MISMATCH FORM**

In processing your 2014-2015 financial aid application we have learned that a problem exists with one or more of the following: your reported social security number, date of birth, and name. **We cannot award you financial aid until this problem has been resolved.** Please return to our office a copy of the following documents:

**Required**

\*Copy of your Social Security Card

**AND**

**at least ONE of the following:**

\*Copy of your Birth Certificate

\*Copy of your Driver's License

*\*If a NAME discrepancy exists on your Social Security Card (for example, maiden name), you should contact your local Social Security Administration Office to resolve the conflicting information, as well as submit a copy of the replacement card to our office.*

**PLEASE NOTE: This information is necessary to complete your file before our office can determine your eligibility for financial aid. Please respond as soon as possible.**

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**IF YOU ARE NO LONGER INTERESTED IN BEING CONSIDERED FOR FINANCIAL AID**

for the 2014-2015 academic year and wish to cancel your application, please check below, sign, date, and return this form to our office.

\_\_\_\_\_ I am NO LONGER INTERESTED in Financial Aid for the 2014–2015 academic year.

Name: \_\_\_\_\_  
(please print)

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_