

**DATE OF BIRTH VERIFICATION ( FATHER )  
2007-2008**

Your 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	Panther #																	

**INSTRUCTIONS:** Student's father or stepfather 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 one of the following documents as proof:

- Driver's License     
  Baptismal Record     
  Birth Certificate     
  Passport

Father'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."

Father'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**  
 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

**FOR OFFICE USE ONLY**

Action Taken:     Approved       Disapproved

Reviewed By: Initials \_\_\_\_\_ Date \_\_\_\_\_