

Panther ID Number							

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

Your 2008-2009 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 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 a copy of 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 \_\_\_\_\_