



OFFICE OF STUDENT FINANCIAL AID

DOBVS
2008-2009

| Panther ID Number | | | | | | | |
|-------------------|--|--|--|--|--|--|--|
| | | | | | | | |

DATE OF BIRTH VERIFICATION (STUDENT)
2008-2009

Your 2008 – 2009 Free Application for Federal Student Aid (FAFSA) contains conflicting information involving your name, social security number, and/or date of birth. Please provide verification.

| Student's Last Name | First | MI | Date of Birth | | | | | | | | | |
|---------------------|-------|----|---------------|-------|---|--|--|---------------|---|---|--|--|
| | | | | | / | | | / | 1 | 9 | | |
| ADDRESS | | | | | | | | | | | | |
| Street | | | | | | | | Apt/Suite No. | | | | |
| City | | | | State | | | | Zip Code | | | | |

INSTRUCTIONS: In the space below please print your name, social security number, and date of birth. To verify that your information is correct please submit a copy of one of the following documents:

- Driver's License Baptismal Record Birth Certificate Passport

Student'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."

Student's Signature _____ Date _____

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 Hallroom 292
Hours: Monday – Friday from 8:30am to 5:15pm

FOR OFFICE USE ONLY

Action Taken: Approved Disapproved

Reviewed By: Initials _____ Date _____