SOKA UNIVERSITY
OFFICE OF FINANCIAL AID

Name (Last, First): _____   Email: _____

Date: _____   Cell Phone #: _____

The **Office of Financial Aid** has received your **Free Application for Federal Student Aid (FAFSA),** but is unable to match the social security number and/or date of birth reported on the FAFSA to your application for admission. Please complete and submit the following form to assist in matching your FAFSA form to your university record.

SECTION A: Government-Issued Identification

Photo Identification

Attach Original Document Here

Social Security Card

Attach Original Document Here

Social Security Number: _____

SECTION B: Signature(s)

By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

_____   _____   _____

Student Name (print)   **Signature**   **Date**

(This form requires handwritten signatures. Photocopies of handwritten signatures are permitted. Electronic, or typed, signatures will not be accepted.)

Please e-mail, mail, or deliver this form in person to the address below. Please write your ID# on attached or supporting documents.

SOKA UNIVERSITY OF AMERICA • OFFICE OF FINANCIAL AID • 1 UNIVERSITY DRIVE • ALISO VIEJO, CA • 92656
www.soka.edu/financialaid • financialaid@soka.edu • P: (949) 480-4342 • F: (949) 480-4151

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