Soka UNIVERSITY

Office of Financial Aid

Verification of Identity and Social Security Number

Academic Year: _____ - _____

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.