

SOCIAL SECURITY NUMBER AND NAME VERIFICATION

Academic Year 2009-2010

Office of Enrollment Services
University of Rhode Island
Green Hall, 6 Rhody Ram Way
Kingston, RI 02881-1303
Phone: 401-874-9500
Email: esmail@etal.uri.edu

DIRECTIONS

You must verify your name and Social Security number for processing of your 2009-2010 Free Application for Federal Student Aid (FAFSA) to continue. Please attach a legible copy of your Social Security card with this completed document and return it to the Office of Enrollment Services (ES) at the address above. **ES will use the name that is printed on the Social Security card.** If the name on the Social Security card is not your legal name, you will need to contact the Social Security Administration to obtain a new Social Security card with your legal name before you complete this form.

If we determine that your name or Social Security number is incorrect with the U.S. Department of Education, we will submit the correct one. This will allow us to continue processing your application.

If you do not have a Social Security card or it is lost, please call the Social Security Administration at 1-800-772-1213 to obtain a new card.

Please type or print neatly in ink your name and Social Security number exactly as they appear on your Social Security card.

SECTION A. Student information		
First name	Middle name	Last name
Birth date	Social Security number	Student ID number
SECTION B. Certification		
I certify that the information I have provided is true. I understand that misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of my financial aid whenever discovered. I authorize ES to correct my Social Security number and/or name with the U.S. Department of Education, if necessary.		
Signature	Date	

**You must attach a legible copy of your Social Security card
when you return this completed form.**