

Student ID #: _____

Social Security #: _____ - _____ - _____

2008-2009

Bio-Demo Verification Form



1. Social Security Number Verification: Please provide the following information so we can continue processing your financial aid application for 2008-2009. We use your social security number to verify your identity and retrieve your records. Sections 483 and 484 of the Higher Education Act of 1965, as amended, gives schools the authority to ask you and your parents these questions, and to collect the Social Security numbers. Attach photocopies of Social Security cards.

All Students (print):

_____	_____	_____	_____	_____
Last name	First name	M.I.	Date of birth (MM/DD/YYYY)	Social Security Number (XXX-XX-XXXX)

Father/Stepfather of Dependent Students (print):

_____	_____	_____	_____	_____
Last name	First name	M.I.	Date of birth (MM/DD/YYYY)	Social Security Number (XXX-XX-XXXX)

Mother/Stepmother of Dependent Students (print):

_____	_____	_____	_____	_____
Last name	First name	M.I.	Date of birth (MM/DD/YYYY)	Social Security Number (XXX-XX-XXXX)

Please note the following excerpt from page 4 of the FAFSA instructions concerning Information on the Privacy Act and use of your Social Security Number: We use the information that you provide on the FAFSA to determine if you are eligible to receive Federal student financial aid and the amount that you are eligible to receive. Sections 483 and 484 of the Higher Education Act of 1965, as amended, gives us the authority to ask you and your parents these questions, and to collect the Social Security numbers of you and your parents. We use your Social Security Number to verify your identity and retrieve your records. Further details can be found on page 4 of the 2008-2009 FAFSA instructions.

2. Bachelor's Degree: We have received the information generated from your Free Application for Federal Student Aid (FAFSA) for 2008-2009 school year. Referencing question #28 on your application, please check the appropriate answer, sign and return to the Financial Aid Office.

I will receive OR I will not receive my first bachelor's degree before July 1, 2008.

3. Statement of Selective Service Registration Status

_____ I certify that I am registered with the Selective Service . **Selective Service Registration #** _____

_____ I certify that I am not required to be registered with Selective Service because:

- I am female.
- I am in the military on active duty (Note: Does not apply to members of the Reserves and National Guard who are on active duty).
- I have not reached my 18th birthday.
- I was born before 1960.
- I am a resident of the Federal States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Island (Palau).
- I entered the U.S. on a non-citizen status after the age of 26 (Copy of Resident Alien Card).

4. FAFSA Signature Page - READ, SIGN, AND DATE

If you are the student, by signing this application you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, and (4) will notify your school if you default on a federal student loan.

If you are the parent of the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. or state income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other Federal agencies. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Everyone whose information is given on this form should sign below. The student (and at least one parent, if parent information is given) MUST sign below.

Student Signature

Date

Parent Signature (Required)

Date

