**UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid**
1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385
**College of Medicine**: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

# 2017-2018 Social Security/Name/Date of Birth

## Section A – Student Information (Please print clearly)

Last Name First Name M.I. Email

Street Address City State Zip Code

**What you should do:**

1. Complete this entire worksheet. You must answer all the questions and the form must be SIGNED.
2. Please submit all documents at the same time.
3. Clearly print UIN on every page of 8 ½ x 11 legible copies.

Based upon the information you submitted on your Free Application for Federal Student Aid (FAFSA), the U.S. Department of Education was unable to confirm your legal name, social security number and/or date of birth. Please submit copies of your birth certificate and your social security card to the Office of Student Financial Aid (OSFA). If your name was legally changed, please provide appropriate documentation. The OSFA will review the information and if necessary correct your FAFSA accordingly.

## Section B – Social Security/Name/Date of Birth Verification

Return this original form to our office along with the following documentation (**please check**):

- ☐ Copy of signed Social Security Card; and
- ☐ Copy of Birth Certificate

***Only if Applicable:***

- ☐ Copy of court document for legal name change
- ☐ Marriage Certificate

## Section C – Student Signature

**IMPORTANT:** Return this form to the Office of Student Financial Aid. When submitting documentation:
**1. Clearly print UIN on every page of 8 ½ x 11 legible copies.**
**2. Include all appropriate signatures.**

I certify that the information provided on this form and any attachments are true and correct.

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**Student Signature** **Date**

ENTER YOUR 9-DIGIT **UIN** →

**1718** **SNDB-E** **N**

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