



**Social Security
Verification Form
(Parent)**

**SSVP
2010-2011**

_____	_____	_____
Student's Last Name	First Name	Middle Initial

Street Address	City	State Zip

_____	_____	_____
Social Security #	Telephone #	Cell Phone #

PLEASE PRINT OR TYPE NEATLY THE NAME EXACTLY AS IT APPEARS ON THE SOCIAL SECURITY CARD.

Father's Information

Name: _____

_____	_____	_____
First	M.I.	Last

SS#: _____ DOB: _____

Copy of Father's Social Security Card attached

Mother's Information

Name: _____

_____	_____	_____
First	M.I.	Last

SS#: _____ DOB: _____

Copy of Mother's Social Security Card attached

By signing this form, I (we) affirm that all information on this form and any attachments are complete and accurate to the best of my (our) knowledge. If requested, I (we) agree to provide documentation to support the information I (we) have provided on this form. I (We) understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I (we) may be subject to a fine, imprisonment, or both, under provisions of the United States Criminal Code.

_____	_____
Father's Signature	Date
_____	_____
Mother's Signature	Date