



**Student-Social Security
Verification Form
(Student)**

**SSVS
2010-2011**

Please complete all fields.

Student's Last Name

First Name

Middle Initial

Street Address

City

State

Zip

Telephone #

Cell Phone #

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

Student's Information

Name:

First

M.I.

Last

SS#:

DOB:

Copy of Student'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.

Student Signature

Date

Office of Financial Aid * Community Christian College
251 Tennessee Street, Redlands, Ca 92373 * Phone: 909-335-8863 * Fax: 909-335-9101 * cccollege.edu
The Financial Aid Office does not discriminate on the basis of race, color, national origin, gender, age, disability or status as a veteran in any of its policies, practices, or procedures.