

FORM PSSNV - IDAHO STATE UNIVERSITY 24-25
VERIFICATION OF SOCIAL SECURITY INFORMATION
PARENT(S)

PSSNV-25

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid (FAFSA). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form with applicable attachments to:

Office of Financial Aid, Idaho State University, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: isu.edu/financialaid/upload

*Student Name: _____
(Use blue or black ink) Last First M.I.

*ISU ID: _____ *Last 4 Digits of Social Security #: _____
(Find on MyISU) *Required

We received information from the Social Security Administration that your parents name, social security number, and/or date of birth did not match their records. Either the information was left blank or the name(s)/number(s) reported were incorrect. You may correct this on your FAFSA application. **Then notify us that you have corrected the FAFSA.** (See contact information above.)

Or, please complete the information below (as it appears on your Social Security Card):

Parent - Last Name: _____
Parent - First Initial: _____
Parent - Social Security Number: _____ Do not have SSN
Parent - Date of Birth (mm/dd/yyyy): _____ Do have ITIN
(Individual Tax ID #)

Parent Spouse - Last Name: _____
Parent Spouse - First Initial: _____
Parent Spouse - Social Security Number: _____ Do not have SSN
Parent Spouse - Date of Birth (mm/dd/yyyy): _____ Do have ITIN
(Individual Tax ID #)

Copies of parents' Social Security Card(s) "must be attached" for verification purposes, unless no Social Security Card has been issued and you only have an Individual Tax Identification Number (ITIN).

(The information for the parent(s) who were reported on your FAFSA must be included above.)

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Parent Signature: _____ Date: _____

Parent Spouse Signature: _____ Date: _____

Typed signatures not accepted