

FORM SSNV - IDAHO STATE UNIVERSITY 24-25  
VERIFICATION OF SOCIAL SECURITY INFORMATION  
STUDENT

SSNV-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 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755 Email: [financialaid@isu.edu](mailto:financialaid@isu.edu)  
Scan and Upload: [isu.edu/financialaid/upload](https://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 name, social security number and/or date of birth did not match their records. Either the information was left blank or was reported incorrectly.

Please complete the information below (as it appears on your Social Security Card):

Student **Last Name**: \_\_\_\_\_  
Student **First Name**: \_\_\_\_\_  
Student **Middle Initial**: \_\_\_\_\_  
Student **Social Security Number**: \_\_\_\_\_  
Student **Date of Birth (mm/dd/yyyy)**: \_\_\_\_\_

Student Spouse - **Last Name**: \_\_\_\_\_  
Student Spouse - **First Initial**: \_\_\_\_\_  
Student Spouse - **Social Security Number**: \_\_\_\_\_  
Student Spouse - **Date of Birth (mm/dd/yyyy)**: \_\_\_\_\_

Do not have SSN  
 Do have ITIN  
(Individual Tax ID #)

- I understand a copy of the Social Security Card(s) "**must be attached**" for verification purposes.  
**\*Important Note: The name shown on the [FAFSA](#) must match exactly with how your name appears on your Social Security Card.**
- I have recently changed my name and have corrected the information with the local Social Security Administration Office. I have attached a copy of my new Social Security Card.

**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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Typed signatures not accepted*