VER	RM PSSNV - Idaho State University 23-24 RIFICATION OF SOCIAL SECURITY INFORMATION RENT(S)	PSSNV-24
provid called Finand inform	ederal government requires colleges to check the accuracy of the information you ded on your Free Application for Federal Student Aid (FAFSA). This process is verification. You must complete the verification process before the Office of cial Aid can establish your eligibility for assistance. You must return the nation requested on this form or you will not be considered for federal financial lease return this completed form with applicable attachments to:	
921 S Phone	e of Financial Aid, Idaho State University, Museum Building, Third Floor 8 top 8077, Pocatello, ID 83209-8077 e: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu and Upload: isu.edu/financialaid/upload	
	ent Name:	M.I.
*ISU I	D: *Lost 4 Digita of Social Securit	h, #.
150 1	D:*Last 4 Digits of Social Securit	ty # *Required
	notify us that you have corrected the FAFSA. (See contact information below (as it appears on your Social Security Parent 1 - Last Name: Parent 1 - First Initial: Parent 1 - Social Security Number: Parent 1 - Date of Birth (mm/dd/yyyy):	·
	Parent 2 - Last Name: Parent 2 - First Initial: Parent 2 - Social Security Number: Parent 2 - Date of Birth (mm/dd/yyyy):	Do not have SSN 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.		
Daran	t Signature: Data:	
raitil	t Signature: Date:	