Loma Linda University
DATE OF BIRTH VI

Financial Aid

## DATE OF BIRTH VERIFICATION

Page 1 of 1

| Personal Information   |   | Aid Year: 26/27  |
|--|---|--|
| Social Security Number:  | Birthdate: (MM/DD/YYYY)                                     | /  |
| Legal Name: Last   | First   | Middle   |
| Any other names under which you attended school  |   |  |
| FAFSA Record Not Matched to Birth  | H <b>D</b> ATE <b>O</b> N <b>R</b> ECORD                    |  |
| Loma Linda University must confirm your date of birth. The University's student record for you. Submit either a correction original, certified, or Notarized copy of the following document  | birth date you submitted on you to your FAFSA if you incorr | our FAFSA does not match with Loma Linda ectly entered your birth date, or provide the |
| PLEASE NOTE: If the date of birth on your legal document (s), differs from what Loma Linda University Office of University Records has in its database, or from what you submitted on your FAFSA, please submit an explanation of the discrepancy.   |   |  |
| The Office of University Records will only update your date of birth with the submission of an original, certified, or notarized copy of the original document (Birth Certificate, Passport, etc.).  |   |  |
| □ The birth date submitted on the FAFSA is incorrect, a correction has been made, and a copy of my legal document is submitted with this form.   |   |  |
| □ The birth date submitted on the FAFSA is correct. Please have the Office of University Records correct my birth date on my student record. I am including the original, certified copy, or notarized copy of my Birth Certificate, or Passport with this form to substantiate this change. |   |  |
| ***Please do not mail original requested documents. Bring in person only.  If unable to bring in person, consider sending an notarized copy of the document(s).  |   |  |
| Required Signatures  | 8   |  |
| By signing below, I authorize Loma Linda University to make t  | he necessary name corrections                               | s to my records with my Loan Servicer, Office of                                       |
| University Records, Student Aid Report (SAR), and the Student Loan Accounts Office for Perkins loan information. I understand that the   |   |  |
| name recorded on the attached Social Security card will be considered my legal name and this name will be used on all databases that report  |   |  |
| enrollment or financial information to the National Student Loa  | an Data System (NSLDS).                                     |  |
| I certify that all the information reported on this form and subminiformation will be used to determine my eligibility for financial and repayment of funds received.  |   |  |
| Student's Signature:   |   | Date:/   |
| FOR FINANCIAL AID OFFICE USE ONLY  |   |  |
| Original Verified by:  | _ Copy of:  | made and attached.   |
| RETURN FORM TO:  |   |  |
| LLU Office of Financial Aid   11139 Anderson St.   Loma Linda, CA 92350  |   |  |

If you have any questions please email Finaid@llu.edu or call (909) 558-4509

LOMA LINDA UNIVERSITY

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