

Loma Linda University

Financial Aid

SOCIAL SECURITY NUMBER VERIFICATION

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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		
CACCA Droops Not Mittours to Cook	Charles Nanchar	Ny Draonn
FAFSA RECORD NOT MATCHED TO SOCI		
Loma Linda University must confirm your Social Security Numatch with Loma Linda University's student record. Submit Security Number, or provide the original, or Notarized copy of	either a correction to your FAFSA	A if you incorrectly entered your Social
PLEASE NOTE: If the Social Security Number on your Se Records has in its database, or from what you submitted on your		
The Office of University Records will only update your Social original document (Social Security Card).	Security Number with the submis	sion of an original, or notarized copy of the
☐ The Social Security Number submitted on the FAFSA is submitted with this form.	s incorrect, a correction has been m	nade, and a copy of my Social Security Card is
☐ The Social Security Number submitted on the FAFSA is Number on my student record. The original, or notarized your Social Security Card, see below)		
***Please do not mail original requested documents sending an original notarized copy of the documents		able to bring in person, consider
IF YOU HAVE LOST YOUR SOCIAL SECURITY CARD If you have lost your Social Security Card, you should go in post Security Card. You will need to provide identification. When Security Number. Submit your Social Security Card or a recein Security Office, call (800) 772-1213 between 7:00 a.m. and 7:	you submit your application, be suitipt verifying your number to the O	re to request a receipt that verifies your Social
Required Signatures		
By signing below I authorize Loma Linda University to make University Records, Student Aid Report (SAR), and the Student Recorded on the attached Social Security card will be controlled to financial information to the National Student I certify that all the information reported on this form and substitutions.	dent Loan Accounts Office for Per onsidered my legal name and this r Loan Data System (NSLDS).	rkins loan information. I understand that the name will be used on all databases that report
information will be used to determine my eligibility for financia and repayment of funds received.		
Student's Signature:	I	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		
WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.		

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