

**MT. SAN ANTONIO COLLEGE  
FINANCIAL AID OFFICE**

**RETURN TO:  
Mt. San Antonio College  
Financial Aid Office  
1100 N. Grand Avenue  
Walnut, CA 91789**



**2015-16 SOCIAL SECURITY RESOLUTION FORM - STUDENT**

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mt. SAC ID #: \_\_\_\_\_

The Social Security Administration (SSA) did not confirm that the Name, Date of Birth, or Social Security Number (SSN) you reported on your FAFSA is correct. Please complete this form and return along with a **CLEAR COPY of your Social Security Card** to Mt. San Antonio College's Financial Aid Office.

Student's Full Name (**exactly as it appears on your Social Security Card**)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Student's Date of Birth:                      Month \_\_\_\_\_                      Day \_\_\_\_\_                      Year \_\_\_\_\_

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If the Name, Date of Birth, and/or SSN reported on your FAFSA are/is correct, please contact the SSA at 1-800-772-1213 or [www.socialsecurity.gov](http://www.socialsecurity.gov) to update your SSA records. Once your records have been updated, place a check mark in the box to the left, and submit this completed form to Mt. San Antonio College's Financial Aid Office along with a CLEAR COPY of your Social Security Card.

I understand that by signing this form I agree, if asked, to provide information that will verify the accuracy of the completed form. Also, I certify that I understand that **Mt. San Antonio College's Financial Aid Office has the authority to verify information reported on this form with other federal and state agencies.** I further understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_