MT. SAN ANTONIO COLLEGE
FINANCIAL AID OFFICE

2016-17 SOCIAL SECURITY RESOLUTION FORM - PARENT

Student's Name: _____   Mt. SAC ID #: _____

The Social Security Administration (SSA) did not confirm that the Name, Date of Birth, or Social Security Number (SSN) you reported for your parent(s) on your FAFSA is correct. Either the information was left blank or the name(s), date(s) of birth, and/or Social Security Number(s) were invalid. Please complete this form for the parent(s) for whom information was requested on your Student Aid Report (SAR) and return along with **a CLEAR COPY of your parent(s)'s Social Security Card(s)** to Mt. San Antonio College's Financial Aid Office.

FATHER/STEPFATHER

Father/Stepfather's Full Name (**exactly as it appears on his Social Security Card**)

Father/Stepfather's Last Name: _____   Father/Stepfather's First Name: _____

Father/Stepfather's Social Security Number: _____

☐ Father/Stepfather does not have a Social Security Number.

Father/Stepfather's Date of Birth: Month _____   Day _____   Year _____

MOTHER/STEPMOTHER

Mother/Stepmother's Full Name (**exactly as it appears on her Social Security Card**)

Mother/Stepmother's Last Name: _____   Mother/Stepmother's First Name: _____

Mother/Stepmother's Social Security Number: _____

☐ Mother/Stepmother does not have a Social Security Number.

Mother/Stepmother's Date of Birth: Month _____   Day _____   Year _____

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: _____

Parent's Signature: _____   Date: _____

FORM 17PSSR