

SOCIAL SECURITY VERIFICATION FORM

Financial Aid Applicant: Your Federal financial aid application requires you to provide verification of your Social Security benefits. Please complete the following steps:

1. Complete Sections I, II, and III.
2. Take this form to your Social Security Office. They will complete the section on the back of this form marked "FOR SOCIAL SECURITY USE ONLY."
3. When completed, return this form to the Financial Aid Office at the State University College at New Paltz.

SECTION I

Student's Name _____

Student ID/Social Security Number _____

Address _____

SECTION II

Release of information. If you were a dependent student during 2007, this release statement must be signed by you and your parent(s). If you were an independent student during 2007, this release statement must be signed by you (and your spouse if you are married).

"I give the Social Security Administration the authority to disclose to SUNY New Paltz the amount of 2007 Social Security benefits paid for myself and family members as listed in Section III following."

Student's Signature

Spouse's Signature

Mother's Signature

Father's Signature

Social Security Number

Social Security Number

Social Security Number

-OVER-

***Your financial aid cannot be processed until this form and any other requested documentation is completed and returned to SUNY New Paltz, Financial Aid Office, 200 Hawk DRIVE, New Paltz, NY 12561.**

SECTION III

Please list parents, student,
and all family members under
age 18.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

<u>FOR SOCIAL SECURITY USE ONLY</u> Total amount paid during 2007 for each person listed in Section III:

Signature and Title of Authorized
Social Security Official

Address of District Office

Telephone Number

Date