

2019-2020 PARENT SOCIAL SECURITY RESOLUTION FORM

Last Name	First Name	MI	Student ID	Date of Birth
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All dependent applicants must provide the name(s) and Social Security number(s) of the parent(s) who provided financial data on the FAFSA. Either the information was left blank or the name(s)/number(s)/date(s) of birth reported were invalid when matched with the Social Security Administration. Complete this form for the parent for whom information was requested. If you were asked to provide information for both parents, complete both parent 1 and parent 2's information. You must return the information requested on this form before we can proceed with the process of your application.

PARENT 1

Parent 1's name: _____

Parent 1's social security number: _____ - _____ - _____

Parent 1 does not have a social security number.

Parent 1's date of birth: _____

PARENT 2

Parent 2's name: _____

Parent 2's social security number: _____ - _____ - _____

Parent 2 does not have a social security number.

Parent 2's date of birth: _____

***Please attach a copy of your parent(s) social security card to this form.**

Certification and Signature

By signing below you are certifying that all of the information reported is complete and correct.
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature

Date

Parent Signature

Date