



OFFICE OF STUDENT FINANCIAL AID
One Stop Student Services Bldg.
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(415) 338-7000

IDENTITY VERIFICATION FORM

Date: _____

Last Name: _____ First Name: _____
Social Security #: _____
SF State ID: _____
Date of Birth: _____

PLEASE ATTACH TO THIS LETTER THE FOLLOWING DOCUMENTS:

- 1.** A CLEAR AND LEGIBLE PHOTOCOPY OF YOUR SOCIAL SECURITY CARD.
- AND 2.** A CLEAR AND LEGIBLE PHOTOCOPY OF ONE OF THE FOLLOWING:
 - (A) YOUR BIRTH CERTIFICATE.
 - OR (B) YOUR DRIVER'S LICENCE OR IDENTIFICATION CARD.
 - OR (C) YOUR U.S. PASSPORT.
 - OR (D) YOUR ALIEN REGISTRATION CARD.
- AND 3.** OFFICIAL DOCUMENTATION OF NAME CHANGE (COURT DEGREE, MARRIAGE CERTIFICATE OR CERTIFICATE OF NATURALIZATION).

ALL DOCUMENTS **MUST** HAVE THE **SAME NAME** AND **SSN** THAT IS LISTED ON THE SOCIAL SECURITY CARD.

THIS INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS YOUR APPLICATION FOR FINANCIAL AID.

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