Financial Aid Office
Parent Last Name/SSN Verification Form
2009-2010

NORFOLK STATE UNIVERSITY

Student's Name _____ ID _____
(Last Name) (First Name) (MI)

The name, date of birth, and/or social security number for your mother and/or father was left blank or is not valid as indicated on the student's 2009-2010 FAFSA. Therefore, in order to be considered for financial assistance for the 2009-2010 academic year, you must provide the name, date of birth, and social security number for your mother and/or father.

As of today, what is your parents' marital status?
[ ] Single [ ] Divorced [ ] Legally Separated
[ ] Married/Remarried [ ] Widowed

Indicate the month and year the student's parents were married, legally separated, divorced or widowed: Month_____ Year _____

The Financial Aid Office must verify the parent's social security number, last name, first name, and/or date of birth. This information was not indicated or incorrectly indicated on the student's FAFSA application or the Social Security Administration has indicated that the information does not match their records.
(Please print legibly or type the following information.)

Father/Stepfather's SSN: _____

Father/Stepfather's Last Name: _____

Father/Stepfather's First Name: _____

Father/Stepfather's Date of Birth (MM/DD/19XX): _____

Mother/Stepmother's SSN: _____

Mother/Stepmother's Last Name: _____

Mother/Stepmother's First Name: _____

Mother/Stepmother's Date of Birth (MM/DD/19XX): _____

It is imperative that the above information be legible. Information submitted that is not legible will delay the processing of the student's financial aid application and may prompt a duplicate request for this documentation or information to be forwarded to the student.

If parent(s) of student has never received or has not been issued a social security number by the Social Security Administration, please submit a notarized statement to indicate that the Social Security Administration has never issued a social security number to parent.

Student's signature _____ Date _____

Parent's signature _____ Date _____

Please read the above statements and return signed form to Norfolk State University, Financial Aid Office, Suite 130, 700 Park Avenue, Norfolk, VA 23504, or fax to (757) 823-9059. If there are any questions, please contact the Financial Aid Office at (757) 823-8381.