Financial Aid



## Loma Linda University

## SOCIAL SECURITY NUMBER VERIFICATION

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PERS	ONAL INFORMATION		A	ID YEAR: 24/25	
Social	Security Number:	Birthdate: (MM/DD/YYYY	)//		
Legal	Name: Last	- First	Middle		
Any other names under which you attended school					
	CADNM	C	O D		
	SA Record Not Matched to Soc				
Loma Linda University must confirm your Social Security Number. The Social Security Number you submitted on your FAFSA does not match with Loma Linda University's student record. Submit either a correction to your FAFSA if you incorrectly entered your Social Security Number, or provide the original, or Notarized copy of your Social Security Card to the Office of Financial Aid.					
PLEASE NOTE: If the Social Security Number on your Social Security Card, differs from what Loma Linda University Office of University Records has in its database, or from what you submitted on your FAFSA, please submit an explanation of the discrepancy.					
The Office of University Records will only update your Social Security Number with the submission of an original, or notarized copy of the original document (Social Security Card).					
	The Social Security Number submitted on the FAFSA is incorrect, a correction has been made, and a copy of my Social Security Card is submitted with this form.				
1	The Social Security Number submitted on the FAFSA is Number on my student record. The original, or notarize your Social Security Card, see below)				
***Please do not mail original requested documents, bring in person only. If unable to bring in person, consider sending an original notarized copy of the document(s).					
IF YOU HAVE LOST YOUR SOCIAL SECURITY CARD  If you have lost your Social Security Card, you should go in person to your local Social Security Office and apply for a replacement Social Security Card. You will need to provide identification. When you submit your application, be sure to request a receipt that verifies your Social Security Number. Submit your Social Security Card or a receipt verifying your number to the Office of Financial Aid. To find your local Social Security Office, call (800) 772-1213 between 7:00 a.m. and 7:00 p.m. EST.					
Required Signatures					
By signing below I authorize Loma Linda University to make the necessary name corrections to my records with my Loan Servicer, Office of University Records, Student Aid Report (SAR), and the Student Loan Accounts Office for Perkins loan information. I understand that the name recorded on the attached Social Security card will be considered my legal name and this name will be used on all databases that report enrollment or financial information to the National Student Loan Data System (NSLDS).					
I certify that all the information reported on this form and submitted is true and accurate to the best of my knowledge. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received.					
Stude	nt's Signature:		Date:/	/	
FOR FINANCIAL AID OFFICE USE ONLY					
Origina	al Verified by:	Copy of:		made and attached.	
RETURN FORM TO:					
	LLU Office of Financial Aid   11139 Anderson St.   Loma Linda, CA 92350				
	WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.				

If you have any questions please email Finaid@llu.edu or call (909) 558-4509