



**Student Financial Aid & Scholarships**

1621 Dr. Martin Luther King, Jr. Drive  
Little Rock, AR. 72202  
Phone: (501) 420-1226 Fax: (501) 400-8662  
Email: financialaid@arkansasbaptist.edu  
Homepage: [www.arkansasbaptist.edu](http://www.arkansasbaptist.edu)  
School Code 00108700

**Notice of Social Security  
Number & Name Do Not Match  
2017-2018**

**Student's Name:** \_\_\_\_\_ **CAMS ID: A** \_\_\_\_\_  
(Please print) Last First

Arkansas Baptist College needs information from you to process your Financial Aid Award.

**Please do not make any further changes to your FAFSA application. Any changes at this point will delay processing of all paperwork**

We have been notified that either the federal FAFSA processor, or the National Student Loan Database System (NSLDS), could not match your name, date of birth and/or social security number with the Social Security Administration.

Along with this form please attach a copy of your signed social security card and an official document showing your correct name and date of birth. Official documents include but are not limited to: a driver's license, state identification card or passport. If your name has changed, please make sure to include documentation that clearly shows a link between your old name and your current name. This may require submitting multiple pieces of documentation (e.g. driver's license AND marriage certificate or an official name change document from a court or state agency).

Additionally, if you believe that the Social Security Administration may have your incorrect name or date of birth in their records, you should contact them at 1-800-772-1213 to have your SSA record corrected. However, you will still need to provide the above information to our office so we can continue processing your aid application for the current aid year.

All the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SSNAME-O - Department Use Only**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Additional Information Needed: \_\_\_\_\_

Counselor: \_\_\_\_\_ Director: \_\_\_\_\_ Date \_\_\_\_\_