



Arkansas Baptist College
Department of Financial Aid
1600 Dr. Martin Luther King Jr. Drive
Little Rock, AR 72202
Phone: (501) 420-1226
Email: dofa@arkansasbaptist.edu

Social Security, Name, and Date of Birth Verification Form

Section A: Student Information (Please Print Clearly)

_____	_____	_____	_____
Last Name	First Name	M.I.	Email
_____	_____	_____	_____
Street Address	City	State	Zip Code

What you should do:

1. Complete this entire worksheet. You must answer all the questions and the form must be **SIGNED**.
2. Please submit all documents at the same time.

Based upon the information you submitted on your Free Application for Federal Student Aid (FAFSA), the U.S. Department of Education was unable to confirm your legal name, social security number, and/or date of birth. Please submit copies of your birth certificate and your social security card to the Department of Financial Aid. If your name was legally changed, please provide appropriate documentation. The Department of Financial Aid will review the information and if necessary correct your FAFSA accordingly.

Section B: Social Security Number, Name, and Date of Birth Verification

Return this original form to our office along with the following documentation (**please check**):

Copy of signed Social Security Card; and,

Copy of Birth Certificate

Only if Applicable:

Copy of court document for legal name change

Marriage Certificate

Section C: Student Signature

I certify that the information provided on this form and any attachments are true and correct.

Student Signature

Date

IMPORTANT: TO AVOID DELAYS IN PROCESSING, ONCE YOU HAVE COMPLETED THIS DOCUMENT, PLEASE REVIEW IT TO MAKE SURE THAT EVERY QUESTION IS ANSWERED AND THAT YOU HAVE PROVIDED ALL ADDITIONAL DOCUMENTS PER THE INSTRUCTIONS. SUBMIT ALL DOCUMENTS AT THE SAME TIME IN PERSON, FAX, EMAIL, OR REGULAR MAIL TO: ARKANSAS BAPTIST COLLEGE, DEPARTMENT OF FINANCIAL AID, 1600 DR. MARTIN LUTHER KING JR. DRIVE, LITTLE ROCK, AR 72202.