UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid and Scholarships
1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126
College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2020-2021 Social Security/Name/Date of Birth

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 of the questions and the form must be SIGNED.
2. Please submit all documents at the same time.
3. Clearly print UIN on every page of 8 ½ x 11 legible copies.

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 Student Financial Aid and Scholarships. If your name was legally changed, please provide appropriate documentation. Student Financial Aid and Scholarships will review the information and if necessary correct your FAFSA accordingly.

Section B – Social Security/Name/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

IMPORTANT: Return this form to Student Financial Aid and Scholarships. When submitting documentation:

1. **Clearly print UIN on every page of 8 ½ x 11 legible copies.**
2. **Include all appropriate signatures.**

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

Student Signature **Date**

ENTER YOUR 9-DIGIT **UIN** →

2021 **SNDB−O** **N**