

University of St. Augustine for Health Sciences

Code 138 Clearance Form

Instructions

We have received the results of your Free Application for Federal Student Aid (FAFSA®). According to your FAFSA®, the National Student Loan Data System (NSLDS) found your reported Social Security Number (SSN) on their database, but your name and/or date of birth did not match. Therefore, your Student Aid Report (SAR) does not contain the financial aid history that is associated with your reported SSN. We cannot process your financial aid until this issue is resolved.

THIS FORM IS NOT USED TO CHANGE YOUR NAME AT UNIVERSITY OF ST. AUGUSTINE

Student Information	
Legal Name (Last, First, Middle Initial)	Student ID/SSN
Address (Street or P.O. Box Number, City, State, Zip Code)	Daytime Telephone Number
<p style="text-align: center;">Please submit a copy of <u>EACH</u> of the following documents:</p> <p>1) PROOF OF SOCIAL SECURITY NUMBER: (REQUIRED)</p> <p><input type="radio"/> Social Security Card</p> <p>If you do not have a social security card, or it has been lost, please call the Social Security Administration (SSA) at 1-800-772-1213.</p> <p>2) PROOF OF DATE OF BIRTH: (REQUIRED) (Select One)</p> <p><input type="radio"/> Birth Certificate <input type="radio"/> Current Driver's License or State ID (if it contains a birth date) <input type="radio"/> Passport</p> <p>3) PROOF OF LEGAL FIRST NAME: (REQUIRED) (Select One)</p> <p><input type="radio"/> Birth Certificate <input type="radio"/> Certificate of Naturalization</p> <p>4) PROOF OF NAME CHANGE: (REQUIRED (if applicable)) - Submit documentation to support each time your name has changed.</p> <p><input type="radio"/> Marriage Certificate <input type="radio"/> Divorce Papers <input type="radio"/> Petition for Name Change Court Documents <input type="radio"/> Certificate of Naturalization</p>	
Certification	
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered.	

Signature	Date
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