SAGINAW VALLEY STATE UNIVERSITY

Permission to Change
Parent Social Security Number Conflict (PSS)
Academic Year 2017-2018

Campus Financial Services Center * 7400 Bay Road
University Center, MI 48710
(989) 964-4900 * FAX: (989) 964-4291
cfsc@svsu.edu * www.svsu.edu/cfsc

LAST NAME	FIRST NAME	MIDDLE INITIAL
S.S.#	SVSU I.D.#	TELEPHONE #

On your 2017-2018 FAFSA application, you reported the same Social Security Number for Parent 1 AND Parent 2. Please provide the correct information, as noted below.

I give the SVSU Office of Scholarships and Financial Aid permission to change the following information on my 2017-2018 Free Application for Federal Student Aid (FAFSA) in regards to the following parent information:

59. As of the filing date of your FAFSA, what was the marital status of your legal parents (please check one)?

Never married ☐ Married, or remarried ☐ Divorced or separated ☐

Widowed ☐ Unmarried and both parents living together ☐

60. Month and year they were married, remarried, separated, divorced or widowed.

Month_____ Year_____

Questions 61-64 are for Parent 1 (father/mother/stepparent)

61. SOCIAL SECURITY NUMBER **62. LAST NAME** **63. FIRST INITIAL** **64. DATE OF BIRTH**

_____ _____

Questions 65-68 are for Parent 2 (father/mother/stepparent)

65. SOCIAL SECURITY NUMBER **66. LAST NAME** **67. FIRST INITIAL** **68. DATE OF BIRTH**

_____ _____

Certification: I(We) certify that the information above is true and accurate to the best of my (our) knowledge.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

(Parent information is only needed if the student is considered dependent according to the guidelines set by the U.S. Department of Education.)

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