



Verification of Parent Social Security Information

2024-2025

Financial Aid Office
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1600 S. 25th E. Idaho Falls, Idaho 83404

Student First Name	Student Last Name	Student ID	Student Phone Number

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid (FAFSA). This process is called verification. You must complete the verification process before the Financial Aid Office can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid.

We received information from the Social Security Administration that your parents name, social security number, and/or date of birth did not match their records. Either the information was left blank or the name(s)/number(s) reported were incorrect. You may correct this on your FAFSA application. **Then notify us that you have corrected the FAFSA.** (See contact information above.)

Or, please complete the information below (as it appears on your Social Security Card):

Parent 1 - **Last Name:** _____

Parent 1 - **First Initial:** _____

Parent 1 - **Social Security Number:** _____ Do not have SSN

Parent 1 - **Date of Birth (mm/dd/yyyy):** _____ Do have ITIN
(Individual Tax ID #)

Parent 2 - **Last Name:** _____

Parent 2 - **First Initial:** _____

Parent 2 - **Social Security Number:** _____ Do not have SSN

Parent 2 - **Date of Birth (mm/dd/yyyy):** _____ Do have ITIN
(Individual Tax ID #)

- Copies of parents' Social Security Card(s) "must be attached" for verification purposes, unless no Social Security Card has been issued and you only have an Individual Tax Identification Number (ITIN).

(The information for the parent(s) who were reported on your FAFSA must be included above.)

Certifications and Signatures

The person signing this form certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

Parent Signature: _____ **Date:** _____

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Financial Aid Office Use Only	Received By:	Date Received:	Documentation Received <input type="checkbox"/>
CPS Correction Submitted <input type="checkbox"/>	Date:	ISIR Received <input type="checkbox"/>	Reject Cleared <input type="checkbox"/>
Awarded: <input type="checkbox"/>	Date:	Email Notification <input type="checkbox"/>	Processed By: