



2008 – 2009 Social Security Form

Financial Aid Office · UA Fort Smith · 5210 Grand Avenue · P.O. Box 3649
Fort Smith, Arkansas 72913-3649 · Fax: 479/788-7095

• One form for each family member OR 1099 for each family member is required •

Student Name

SSN

Social Security Recipient's Name

SSN

Date of Birth

SSN Claim Number

Relationship to the student

I authorize the Social Security Office to verify the total amount of social security benefits, including supplemental security income that I or my Dependent received from January 1, 2007 through December 31, 2007. I am requesting that this information be released to the University of Arkansas - Fort Smith, because I (or my spouse, or my child), have applied for federal student aid and the amount of social security benefits must be verified.

I am the student, parent, or legal guardian of the student for which this information applies. I understand that if I make any representation which I know is false to obtain information from the Social Security Administration, I could be punished by a fine or imprisonment or both.

Signature of Recipient

Date

****This section to be completed by the local Social Security Office****

Total social security benefits received in 2007:

\$ _____

Total supplemental security income benefits received in 2007:

\$ _____

Authorized Signature
Social Security Official

Date

Address