



# SOCIAL SECURITY NUMBER CORRECTION FORM

PLEASE FILL IN ALL REQUESTED INFORMATION NEATLY AND COMPLETELY.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Athens State University protects the social security numbers of all individuals which are in its possession.

<b>INCORRECT SOCIAL SECURITY NUMBER</b>
____/____/_____

<b>CORRECT SOCIAL SECURITY NUMBER</b>
____/____/_____

<b>Contact Information</b>		
Street 1		
Street 2		
Street 3		
City	State	Zip Code
(Area Code)	Telephone Number	Email Address

First Date of Enrollment at Athens State University \_\_\_\_\_

Last Date of Attendance \_\_\_\_\_

Currently Enrolled \_\_\_\_\_ Yes \_\_\_\_\_ No

## ATTACH A COPY OF YOUR SIGNED UNITED STATES SOCIAL SECURITY CARD FOR PROCESSING

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date