

SOCIAL SECURITY NUMBER CORRECTION FORM

PLEASE FILL IN ALL REQUESTED INFORMATION NEATLY AND COMPLETELY.

Student Name: _____
Last Name
First Name
Middle Initial

Student ID: _____

The University of South Florida protects the social security numbers of all individuals which are in its possession. As required by Florida law (119.071 (5)), USF provides written notice to persons of the potential uses for the number at <http://it.usf.edu/standards/ssn>.

| INCORRECT SOCIAL SECURITY NUMBER |
|---|
| ____ - ____ - ____ / ____ - ____ / ____ - ____ - ____ |

| CORRECT SOCIAL SECURITY NUMBER |
|---|
| ____ - ____ - ____ / ____ - ____ / ____ - ____ - ____ |

| Contact Information | |
|--------------------------------|---------------|
| | |
| (Street 1) | |
| | |
| (Street 2) | |
| | |
| (Street 3) | |
| | |
| (City) | (State) |
| (Zip Code) | |
| | |
| (Area Code) (Telephone Number) | Email Address |

First Date of Enrollment at USF _____

Late Date of Attendance _____

Currently Enrolled? Yes No

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

Student Signature
Date