

# Social Security Number Correction Form



UNIVERSITY of  
**SOUTH FLORIDA**

**Student Success**

Office of the Registrar

Fill in all requested information neatly and completely; you are required to present (or attach a copy if submitting via email) your updated SSN card with this form.

Student Name \_\_\_\_\_

USFID Number \_\_\_\_\_

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 of the potential at <https://www.usf.edu/it/documentation/collection-of-ssn.aspx>

## **CORRECT SOCIAL SECURITY NUMBER**

\_\_\_\_\_

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

### **Office Use Only**

Verified SSN on card

Processor & Date \_\_\_\_\_