

# Social Security Number Correction Form

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 K W W S V    Z Z Z   X V I   H G X   L W   G D W D   V H F X

CORRECT SOCIAL SECURITY NUMBER

\_\_\_\_\_

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

Office Use Only
Verified SSN on card <input type="checkbox"/>
Processor & Date _____