SOCIAL SECURITY NUMBER CORRECTION FORM

Student Information:

Last Name	First Name	Middle Initial	UID

Former Last Name *(If applicable)*	First Name	Middle Initial	Date of Birth
			_____/_____/_____

Current Address	City	State	Zip

Email Address _____ Phone Number (_____)_____

First term Entered USFSP: _____ (Term/Year)

Currently enrolled at USFSP: _____ (Yes/No)

If No, date last enrolled: _____ (Date)

The University of South Florida System protects the social security numbers of all individuals whom 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://www.usf.edu/it/documentation/collection-of-ssn.aspx.

INCORRECT SOCIAL SECURITY NUMBER	**CORRECT SOCIAL SECURITY NUMBER**
_ _ _ / _ _ / _ _ _ _	_ _ _ / _ _ / _ _ _ _

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

Student's Signature _____ Date of Request _____

Revised 03/2016