



Financial Aid Office
 1355 West Highway 10, Anoka, MN 55303
 Phone: 763.576.4760
 Fax: 763.576.4771

**2009-2010 Date of Birth Verification
 Parent**

You must verify your date of birth for processing of your child's 2009-2010 Free Application for Federal Student Aid (FAFSA) to continue. **Attach proof of your date of birth with this completed document.**

Student Last Name: _____ **Student First Name:** _____ **M.I.:** _____ **Student ID or SSN:** _____

DO NOT LEAVE ANY BOX BLANK.

Parent First Name:	
Parent Middle Initial:	
Parent Last Name:	
Parent Date of Birth: (MM/DD/YYYY)	
Parent Current Address: (Street or P.O. Box Number, City, State, ZIP Code)	
Parent Telephone Number: (Current)	

YOU MUST INCLUDE THE FOLLOWING:

Proof of your Date of Birth (Valid driver's license, birth certificate, etc.)

SIGNATURES

By signing this form, you are certifying the information provided is true and accurate. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

 Parent Signature Date