

Student Name: _____

Banner ID#: 800 _____

2025/26 – V04a



**SUNY
BROCKPORT**

SOCIAL SECURITY VERIFICATION FORM

INSTRUCTIONS: SUNY Brockport must verify the amount of Social Security benefits received by you and/or all members of your household in the calendar year noted below. Please sign the release form and list all person(s) residing in the household along with their Social Security numbers. Attach copies of all 1099 Forms for the year in question to this document. If you no longer have your 1099 forms, you may mail or take this form to a Social Security Office for completion and return it to the Financial Aid Office.

RELEASE AUTHORIZATION: I authorize the Social Security Administration to disclose the amount of Social Security benefits paid in the calendar year noted below for myself and/or all members of my household. I also authorize SUNY Brockport to update my records according to the information provided by the Social Security Administration or myself.

Student Name (Print): _____

Student Signature: _____ SSN: _____

Spouse Signature (if applicable): _____ SSN: _____

Parent 1 (father/mother/step parent) Signature: _____ SSN: _____

Parent 2 (father/mother/step parent) Signature: _____ SSN: _____

Notice to Social Security Office:

NOTICE TO FIELD OFFICES: You are permitted by the privacy act (5 USC 552a (d) (h)) to provide a statement of the total benefits paid last year to (1) the student, (2) anyone receiving benefits on the student's own Social Security number, (3) the student's minor children or individuals for whom he/she is the legal guardian and (4) any other individual who has consented in writing to the disclosure. Presentation of this document constitutes a written, formal request.

Total Amount Received for Household in Calendar Year 2023

<u>Name</u>	<u>Total Benefit Received</u>	<u>Checks Payable To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Authorized Social Security Official

Address of District Office

Title of Authorized Social Security Official

Telephone Number

Date

V04a 25/26 (12/4/2024)