

| Panther ID Number | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |

| P.O. Box 4040 • Atlanta • GA 3030-24040 Phone: 40413.2600 Fax: 404-413-2102 • http://sfs.gsu.edu | | | | | | | | | | | | | | |
|--|-----------------------------|------------|-------------------|---|------------------------|-----|------|----------|----------|------|-----------|-------|-------|--|
| | | | PARE | NTA | AL S | ΓΑΤ | US | VEI | RIFIC | CAT | ION | FO | RM | |
| Student's Last Name | | | | First | | | | | | | MI | | | |
| | | | | | | | | | | | | | | |
| Complete this form to verify y relationship to the student. Doc Incomplete information or docu | cumentation must be sub | mitted to | | | | | | | | • | | • | • | |
| Parent Information: Please prov | vide certain borrower der | mographic | inforn | natior | n belo | w. | | | | | | | | |
| PARENT BORROWER INFORM | ATION | | | | | | | | | | | | | |
| Parent's Last Name | First | МІ | | | | | | Date | of Birth | | | | | |
| | | | | | | - | | | - | 1 | 9 | | | |
| Home Phone (area code + number) | Cell Phone (area code + nun | mber) | | | Social Security Number | | | | | ber | | | | |
| | | | | | | | - | | _ | | | | | |
| Street Address | | | | | | | | | | Ap | t/Suite N | lo. | | |
| City | State | | | | Zip Code | | | | | | | | | |
| Parent's relationship to studer student's Panther ID on all docu | | he items | | | | | | uired | l docı | ımer | nt(s). | Write | e the | |
| Relationship | | | Required Document | | | | | | | | | | | |
| Biological mother or father | | | | Birth Certificate or other Government document verifying parental status. | | | | | | | | | | |
| Adoptive mother or father | | | | Court documentation of adoption | | | | | | | | | | |
| Stepfather or stepmother Must currently be married to biological or adoptive parent. | | | | Marriage certificate And Birth certificate or court documentation of adoption | | | | | | | | | | |
| I certify the above statement | | - | N | OTA | RIZ | ATI | ION: | <u> </u> | | | | | | |
| signature and notarization b | y notary public. Additi | ionally, I | | | | | | | | | | | | |

Date

signature and notarization by notary public. Additionally, understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form.

Parent Borrower Signature

| 1 | | | |
|---|--|--|--|
| 1 | | | |
| 1 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1 | | | |
| 1 | | | |
| 1 | | | |
| | | | |
| 1 | | | |
| 1 | | | |
| 1 | | | |
| 1 | | | |
| 1 | | | |
| | | | |
| 1 | | | |
| | | | |
| | | | |
| | | | |
| | | | |