KEAN UNIVERSITY

Office of the Registrar

REQUEST FOR SOCIAL SECURITY NUMBER CORRECTION

Name	Telephone Number	
Address		
City	State	_Zip Code

INSTRUCTIONS:

- 1. Fill in the requested information
- 2. Attach a copy of your current social security card to this form.
- 3. Return this form to the Office of the Registrar.

This is to certify that the following Social Security Number _____

is correct and has issued by the Social Security Administration.

Signature	Date
-	

Date of Birth _____