

Social Security Documentation Form

Only complete this form if someone in your household received Social Security. Items 1-6 to be completed by student and parent/guardian.

- 1. Student Name: Last First M.I.
2. Date of Birth: / / 3. Telephone Number: Area Code & Number
4. Address: No & Street City State Zip
5. List student name and the names of ALL other household members:

6. RELEASE OF INFORMATION:

I give the Social Security Administrator authority to disclose the amount of 2019 Social Security benefits paid to me and the individuals listed in #5.

Student Signature Social Security Number (last 4 digits)
Mother/Guardian Signature Social Security Number (last 4 digits)
Father/Guardian Signature Social Security Number (last 4 digits)

TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATOR

Fill in the total benefits paid for each individual from 1/2019 to 12/2019

Table with 2 columns: Name, Total Benefit Amount. Includes lines for entries and signature/date fields.

ADDRESS & PHONE NUMBER OF DISTRICT OFFICE
STAMP HERE

Please return all copies to:
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Submission Portal: www.daemen.edu/heop
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