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 _____