



John Wood Community College
1301 South 48th Street
Quincy, IL 62305
FAX 217-221-0778
financialaid@jwcc.edu

Student SSN / Date of Birth Certification Form

Please Print Full Name (as it appears on your Social Security Card):

Date of Birth: _____

Social Security Number: _____

I certify that this information is correct and will verify the accuracy of this information if needed.

Student Signature: _____ Date: _____