



John Wood Community College  
1301 South 48<sup>th</sup> Street  
Quincy, IL 62305  
FAX 217-641-4192  
financialaid@jwcc.edu

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**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: \_\_\_\_\_