

### Benefit Verification Form

Recipients of Social Services, Social Security Benefits, and/or Veteran's Benefits must have this form completed **by the agency that handles the benefits or submit the agency's own official form.**

Student Name: \_\_\_\_\_

Type of Benefit Received: \_\_\_\_\_  
(REQUIRED: specify the **type** of Social Security Benefit)

Student's Social Security #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Names of all Family Members covered under Benefits	TOTAL Benefits received for 2010	Date Benefits were Terminated, if applicable

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

Seal/Stamp of Authorizing Agency:

Thank you for your cooperation. If you have any questions, please call the Admissions Office at **800-SUNY-123**.

