SOCIAL SECURITY NUMBER CHANGE REQUEST

NSLP

P.O. Box 82507, Lincoln, NE 68501-2507
1300 O Street, Lincoln, NE 68508
800-735-8778 fax 402-479-6658

DATE: _____

LENDER ID #: _____

LENDER NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____

TITLE: _____

PURPOSE: This form is to be used when a borrower's Social Security number is printed incorrectly on a guarantee.

INSTRUCTIONS: Include a copy of the Social Security card along with the name of the borrower, guarantee number, loan type, incorrect SS#, correct SS#, and indicate whether or not the loan has been disbursed.

INCORRECT SS#	BORROWER NAME (last name, first name, middle initial)	GUARANTEE #	LOAN TYPE	CORRECT SS#	DATE DIS-BURSED	LOAN NOT DISBURSED (check if applicable)