



Request for STUDENT SOCIAL SECURITY NUMBER

I have provided my child's Social Security Number to be placed in his/her permanent record for purposes of State Reporting and Identification. A copy of the Social Security Card is attached. I understand that the Social Security number will **NOT** be shared with any agency other than the Georgia Department of Education and the Georgia Student Finance Commission for determination of HOPE eligibility.

Social Security Number

Student Name

Verified by (school personnel)

Date

STATEMENT OF OBJECTION TO USE

I do not wish to have my child's Social Security Number placed into the school records for purposes of State Reporting and Identification.

School

Student Name

Signature of Parent or Legal Guardian

Date