



San Diego Community College District
Social Security Number Acknowledgement Form

OFFICIAL USE ONLY

Student Name: _____
Last First Middle

Student ID Number: _____

Birth Date: _____

City
 Mesa
 Miramar
 CE: _____
Received by: _____
Date: _____

I declare that I do not have a Social Security or Tax Identification Number. I declare that the foregoing is true and correct.

Student Signature: _____ Date: _____

This form will be maintained in a secure manner and will NOT be reported to a third party.

Distribution: Original–District Records **Copy**–Student

SS-SSNACKNLGMNT-02/18