

*Office of the Chief Financial Officer***Social Security Card Attesting Declaration**

Please print clearly:

Name _____
(ie: First Middle Last)Number _____
(ie: XXX-XX-XXXX)

I certify that the above name and social security number match identically to the information on my Social Security card, as issued by the US Social Security Administration.

Signature_____
Date

Note: In accordance with the UNIVERSITY OF PITTSBURGH POLICY # 10-02-08, Section 1.3.4 – “Any person employed by the University must provide a SSN as the taxpayer ID number as directed by the IRS.” This form is used for name and number verification when an employee does not have their social security card available.