



# University of Pittsburgh

*Office of the Chief Financial Officer*  
*Payroll Department*

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Pittsburgh, Pennsylvania 15260  
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## 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.