

**JACKSON STATE COMMUNITY COLLEGE  
VERIFICATION OF AGE FORM**

Date: \_\_\_\_\_

Name (Please print): \_\_\_\_\_  
Last, First, Middle

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Our school records show the date of birth of \_\_\_\_\_  
Student's Name

to be \_\_\_\_\_.  
Month/Day/Year

Signature and Title \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

Please return completed form to:  
Jackson State Community College  
Attn: Director of Human Resources  
2046 N. Parkway  
Jackson, TN 38301  
[hr@jscc.edu](mailto:hr@jscc.edu)  
Fax: (731)-425-9553