

## 2015–2016 Student Identity Theft Statement

St	udent Name	Student ID Number	Phone Number
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You have indicated that you were a victim of IRS tax-related identity theft. Please complete the statement below verifying your identity theft status and that the IRS has been notified.

I certify that I	am the victim of IRS tax-re	lated identity theft
and that the IRS was notified of my IRS tax-related identity thef	t via	on
	(phone, email, fax, etc.)	(date)

I certify that the information on this form is true and correct. If requested, I agree to provide additional documentation to the Financial Aid Office.		
Student Signature	Date	
Parent Signature (Dependent students only)	Date	