

Office of Financial Aid

2015-2016 Identify Theft Victim Statement

The purpose of this form is to document your status as a victim of IRS tax-related identity theft. You have informed us that you have been a victim of IRS tax-related identity theft, which prevents you from providing us with the normal forms of tax data required to complete the verification process. The U.S. Department of Education requires us to collect a signed and dated statement indicating that you are a victim of IRS tax-related identity theft and that the IRS has been made aware of the tax-related identity theft. Please complete and return this form to the Messiah College Financial Aid Office by US Mail, FAX, or Email. For questions, call 717.691.6007.

Student Information (Always complete this section.)				
Last Name		First Name	M.I.	Messiah College Student ID
Date of Birth	Home Phone Number	Student's E-mail		Parent's E-mail (if dependent student
	Victim Information (if d			1
Last Name		First Name	M.I.	
Date of Birth	Home Phone Number	E-mail		
or using the IRS [Data Retrieval Tool, to provide certify that I have made the II	Messiah College w	ith the tax data i	e from providing an IRS Tax transcript, required to complete the verification theft.
Only the person w	ho is the victim of IRS tax-rel	ated identity theft m	ust sign this forn	n.
Identity Theft Victim's Signature		Date	Date	