Victim of Tax-related Identity Theft Statement 2024-2025

University of Rochester Financial Aid Office

INSTRUCTIONS

Complete this form in its entirety. Do not leave any section blank or this form will not be accepted. Sign the form and submit it to the Financial Aid Office via email at finaid@rochester.edu, by mail, by fax, or in-person.

SECTION A: STUDENT INFORMATION	
University of Rochester Student Information	
Student Name	UR Student ID
SECTION B: AGREEMENT AND UNDERSTANDING	
By signing this form, you certify that all of the information reported on this form is true a knowledge. If requested, you agree to provide proof of the information that you have repurposely give false or misleading information on your FAFSA or on this form, you may You have indicated that you are a victim of tax-related identity theft, which is impacting y Retrieval Tool on your 2024-2025 FAFSA to verify 2022 income information. By signing the following: • That you are the victim of tax-related identity theft • That the IRS has been made aware of this tax-related identity theft	be fined, sentenced to jail, or both. our ability to use the IRS Data
• That you have attempted to obtain a Tax Return DataBase View transcript from the IRS and were unable to obtain this form – you must provide a signed copy of the 2022 1040 tax return if you're unable to obtain the DataBase View.	
Typed or electronic signatures are not acceptable.	
Student Signature	Date
Parent Signature (dependent students only)	Date