

Statement of Tax Administration Identity Theft

| Student Name: | | RWU ID# | |
|---|---|--|-------------|
| are a victim of identity theft. Victims Return Transcript or an equivalent d | of identity the ocument proble schedules | ims University has been made aware theft who are not able to request an IRS vided by the IRS or provide a copy of the must submit a Tax Return Data Base V | Tax neir |
| State | ement of I | dentity Theft | |
| I certify that I | | am a victim of tax-rel | ated |
| Student Actual Signature (not digital) | nade aware o | Spouse/Parent 1 Actual Signature (not digital) | Date |
| Parent 2 Actual Signature (not digital) | Date | | |
| You may mail this completed form to: | Roger William Office of Stud One Old Ferry Bristol, RI 028 | ent Financial Aid Road | |
| You may fax this completed form to: | 401-254-3356 | | |
| You may attach this completed form to an email: | finaid@rwu.e | du | |