

Victims of Identity Theft Statement

2023-2024

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U _____ Date of Birth: _____ / _____ / _____
Month Day Year

Victims of Identity theft with the IRS must complete this form. The IRS Tax Return Database View (TRDBV) must also be attached and submitted with this form to the Office of Financial Aid. A separate form must be completed for each member of the household affected.

Please sign the appropriate response below:

Student:(SIDT21)

- I certify that I, _____ (print name) , was a victim of identity theft and the IRS has been notified.

Spouse:(SPID21)

- I certify that I, _____ (print name) , was a victim of identity theft and the IRS has been notified.

Parent:(PIDT21)

- I certify that I, _____ (print name) , was a victim of identity theft and the IRS has been notified.

I understand that providing false or misleading information for documents is punishable by fine or imprisonment and may make me liable for repayment of any funds received on the basis of the information and documents I have provided.

Any alteration to this form will not be accepted. All signatures must be handwritten, or signed with DocuSign. Typed signatures will not be accepted.

Student/Spouse Signature: _____ Date: _____

and/or

Parent Signature: _____ Date: _____

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