

# (PIDT22) Victims of Identity Theft Statement- Parent

# 2024-2025

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

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Student's Name: \_\_\_\_\_

USF ID: U \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

For an individual who was the victim of IRS tax-related identity theft, please submit the following:

- A Tax Return DataBase View (TRDBV) transcript obtained from the IRS; and
- A statement signed and dated by the tax filer indicating that he or she was a victim of IRS tax-related identity theft and that the IRS has been made aware of the tax-related identity theft.

Please sign the appropriate response below:

## **Parent:(PIDT22)**

- 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 are 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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