

Victim of Tax-related Identity Theft Statement 2025-2026

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 and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form. If you purposely give false or misleading information on your FAFSA or on this form, you may be fined, sentenced to jail, or both.

You have indicated that you are a victim of tax-related identity theft, which is impacting your ability to use the IRS Direct Data Exchange process on your 2025-2026 FAFSA to verify 2023 income information. By signing this statement, you are attesting to 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
- 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 2023 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

www.rochester.edu/financial-aid

Financial Aid Office, Box 270261, Rochester, NY 14627

Phone: 585.275.3226 Fax: 585.756.7664 Email: finaid@rochester.edu