



EMORY UNIVERSITY

Identity Theft Statement

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.727-6039
Fax: 404.727-6709 (Office preferred method
of submission)
Email: finaid@emory.edu

Student's Name:	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent via email to the student's email address marked as preferred in OPUS.	Last 4 Digits of Student SSN (if ID Number Unknown): XXX - XX - _____
	Academic Year (check one): <input type="checkbox"/> Year 2019-20 <input type="checkbox"/> Year 2020-21

Document Submission Instructions

Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. **In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax.** When submitting documentation, please do not submit image files or photographs.

Certification Statement

I am/was a victim of tax-related Identity Theft in the current tax year and/or prior tax years. I have informed the IRS and they have provided me with the Tax Return Database View (TRDBV) transcript to submit to satisfy verification requirements.

Relationship to Student (check one):

Student/Self Mother/Stepmother Father/Stepfather Spouse

Please sign this document with a pen. Computer generated signatures will not be accepted.

Printed Name _____

Signature _____ Date _____