2021 – 2022 Attestation of Tax-Related Identity Theft for Parent

Student Name: ____________________________

Student ID Number: ________________________

Parent Name: ______________________________

Attestation and Signature (Required)
By signing below, I attest to the following:

*I was a victim of IRS tax-related identity theft.

*I have notified the IRS of the tax-related identity theft.

__________________________________________
Parent’s Signature

Date

Please return this form to Student Financial Services
Washington University in St. Louis, Campus Box 1041, One Brookings Drive, St. Louis, Missouri 63130-4899
(314) 935-5900, (888) 547-6670, Fax: (314) 696-0563, Email: financial@wustl.edu, Website: financialaid.wustl.edu