Identity Theft Verification Affidavit

This form is intended for students who believe their personal information has been used fraudulently to enroll at Barstow Community College (BCC) or to obtain financial aid, goods, or services without their authorization.

Please complete all sections in full and submit the form with all required documentation within 30 business days of discovery or notification. Incomplete or missing documentation may delay review and resolution. Additional information may be requested.

Section A – Student Personal Information			
Last Name:	First Name:		
Student ID: (If known)	Last 4 of SSN:	Date of Birth:	
If different at the time of the incident, list name then used:			
Current Mailing Address:			
City:	State:	ZIP:	Phone:
Address at the Time of the Incident (If different):			
City:	State:	ZIP:	Phone:
Describle how you became aware of the fraudulent activity:			

Section B – How the Fraud Occurred

☐ My identification documents were stolen or lost on/about _____ (mm/dd/yyyy).

☐ To the best of my knowledge, the following individual(s) used my personal information (e.g., name, address, DOB, SSN, account numbers, etc.) without my authorization:

Name: _____

Address: _____

Phone: _____

Additional Details: _____

☐ I do not know who used my information or identification documents.

Additional comments (describe what happened, which documents or information were used, or how you discovered the issue):

Section C – Required Documentation

Please attach copies of the following:

☐ Valid government-issued photo ID (driver's license, state ID, or passport)

☐ Proof of residency during the time of the fraudulent activity (lease, utility bill, insurance statement, etc.)

☐ Copy of the police report filed with law enforcement regarding the identity theft

Section D – Certification and Signatures

I certify that:

- I did not authorize anyone to use my personal information to obtain funds, loans,goods, or services.
- I did not receive any benefit from the fraudulent activity described above.
- All information provided and attached is true, complete, and made in good faith.
- I understand this affidavit and any supporting documentation may be shared with law enforcement for investigation.
- I understand that knowingly providing false or misleading information is punishable under federal law (18 U.S.C. § 1001 and other applicable statutes).

Student Signature: _____ Date: _____

Parent Signature (if applicable): _____ Date: _____