FOR CLAIMANT USE

This form is used to initiate an identity theft claim with Western Michigan University. Complete all sections and submit along with the supporting documents listed in Section 3 of these procedures. Your information will be kept strictly confidential and used only for the purpose of investigating your claim. Submission of this form does not guarantee a particular outcome.

Section 1 — Claimant Information

Full Legal Name:	
Date of Birth:	
SSN (last 4 digits only):	
Current Mailing Address:	
City / State / ZIP:	
Daytime Phone Number:	
Email Address (secure):	
Preferred Contact Method:	☐ Phone ☐ Email ☐ Mail

Section 2 — Description of Identity Theft

How did you learn that your identity was used? (describe):

Section 3 — Supporting Documents (check all attached)

- ☐ Government-issued photo ID (driver's license, state ID, or passport) (**Required**)
- ☐ FTC Identity Theft Report (IdentityTheft.gov) (**Required**)
- ☐ Law enforcement / police report (**Required**)
- ☐ Credit report showing fraudulent account
- ☐ IRS notice / SSA letter / loan servicer letter
- ☐ Other: _____

Section 4 — Affirmation

By signing below, I affirm under penalty of perjury that I did not authorize any person to use my identity, Social Security Number, or personal information to apply for admission, enroll at, or receive financial aid from Western Michigan University, and that all information I have provided on this form is true and correct to the best of my knowledge.

Claimant Signature: _____

Printed Name: _____

Date: _____

Return completed form and provide supporting documents to via mail or encrypted email:

Western Michigan University — Director of Internal Audit

Mailing Address: 1903 W. Michigan Ave. Kalamazoo, MI 49008-5222

Secure Email: joan.beffel@wmich.edu

Phone: (269)387-3862