



Channel Islands

CALIFORNIA STATE UNIVERSITY

DIVISION OF ACADEMIC AFFAIRS

Financial Aid and Scholarships

2018-2019 Financial Aid Statement

Student Last Name _____

Student First Name _____

MI _____

CSUCI ID Number _____

Student Phone Number _____

Purpose

In the box below, type a statement (handwritten statements will not be accepted) regarding any of the following reasons:

- **Tax Extension Filers:** to confirm your estimated Adjusted Gross Income and Taxes Paid for the 2016 tax year
- **Identity Theft Victims:** to confirm that you were a victim of IRS tax-related identity theft and the IRS has been made aware of your circumstances
- **Other:** to confirm or resolve any conflicting information that was submitted to the Financial Aid & Scholarships office if requested by a Financial Aid representative or for any other general statements you wish to submit

Note: If additional space is needed, please submit and attach additional Financial Aid Statement Form(s).

Statement

I attest to the following:

Signature

Each person signing this worksheet certifies that all of the information reported on this form is true and accurate to the best of their knowledge.

Student Signature *(electronic signatures not accepted)* _____

Date _____

Parent Signature* *(electronic signatures not accepted)* _____

***for dependent students only – if applicable**

Date _____

WARNING:

If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

PLEASE RETURN THIS FORM TO THE CSU CHANNEL ISLANDS FINANCIAL AID & SCHOLARSHIPS OFFICE