University of Colorado
Anschutz Medical Campus

Office of the Registrar
Education II North
Campus Box A054 | 13120 E. 19th Ave.
Aurora, CO 80045

t 303.724.8059
f 303.724.8060

Social Security Number/Taxpayer Identification Number Update Form

This form is used by the University of Colorado's Anschutz Medical Campus to add or update a student's or applicant's Social Security number (SSN) or Individual Taxpayer Identification number (ITIN). SSNs are required by various offices on campus for processing of financial aid, tuition statements for tax purposes, student employment, selective service verification, College Opportunity Fund (COF), and other credential matching. Personally identifiable information is secured and accessed only by school officials with a legitimate educational interest per university policy and federal law.

Please print, complete and bring this original form (**scanned copies not accepted**) to the Office of the Registrar, along with the original SSN or ITIN (not a copy), accompanied by valid legal identification.

If you are unable to present documents in person, please print this form and complete it in its entirety with an original student signature (scanned copies not accepted). You will need to attach a copy of a valid government-issued photo ID on the same page as a copy of the original SSN; this page must be notarized as a "true and original copy." Notarization verifies the photo ID and SSN match the identity of the person submitting it.

Please do not email or fax documentation containing your SSN or ITIN.

Part I – Student Information:

First Name _____ Middle Initial _____ Last Name _____ Student ID Number _____

Address _____ Date of Birth (MM/DD/YYYY) _____

Social Security Number or Individual Tax Payer Number

SSN:_____-_____-_____ **OR** ITIN:_____ -_____

Part II – Student Authorization:
I certify that the number provided on this form is my correct Social Security or Individual Taxpayer Identification number.

Student Signature _____ Date _____

OR

Part III – Refused Authorization:

☐ I am a foreign national/nonresident alien and do not have a Social Security or Individual Taxpayer Identification number. I do not plan to file an income tax return in the U.S.

☐ I do not wish to provide my Social Security/Individual Taxpayer Identification number to the University of Colorado Denver | Anschutz Medical Campus at this time. I understand that the IRS requires students to furnish a SSN/ITIN to persons who must file information returns with the IRS per section 6109 of the Internal Revenue Code and that I may be subject to an IRS fine of $50 for failure to do so. I further understand that the IRS will not be able to use the Form 1098-T filed by the University of Colorado Denver | Anschutz Medical Campus to confirm my eligibility for certain education tax benefits without my SSN/ITIN.

Student Signature _____ Date _____