

Social Security Number Request Form

Used when a student's SSN is not on file with the University.

Internal Revenue Service (IRS) regulations related to the American Opportunity tax credit §1.605S-1(e)(3)(ii) require that all postsecondary institutions report student social security numbers (SSNs) to the IRS on the 1098-T tax form. This IRS requirement makes it necessary for Colorado Mesa University to collect the SSN of every student. A student may refuse to disclose his/her SSN for this purpose, but he/she may be subject to IRS fines that could be in excess of \$100 per year. The information that is submitted on the 1098-T form to the IRS includes the tuition and qualified expenses billed on the student's behalf and any grant or scholarship payments and third-party payments (including COF payments) credited to the student's account. The IRS works only with SSNs; therefore, we are requesting this information for all students whose social security number is not already on file with the University.

Student Name: _____ CMU ID: 700 _____
 (Name must be EXACTLY as it appears on the Social Security Card)

Street Address: _____ City, State Zip: _____

If you ***choose to submit*** your social security number to Colorado Mesa University so that the university may file certain information returns with the IRS and to furnish a statement to you, please provide it below:

-OR-

If you are ***declining to submit*** your social security number to Colorado Mesa University please check the box below:

SSN: ____ - ____ - ____

By checking this box, I indicate that I have read the above information and decline to provide my SSN as requested. I understand CMU uses SSNs when specifically required by law to do so or if necessary for the performance of the university's duties and responsibilities. I understand that without my SSN CMU will not be able to fulfill some of these requirements including issuing the 1098T tax credit. I understand the IRS requires CMU to collect SSN and I am subject to fines imposed by the IRS for not disclosing my SSN to the university.

Signature- You must print and sign this form. Electronic signatures are not accepted.

Date

--FOR OFFICE USE ONLY-- _____ SPAPERS Input by: _____ Date: _____

Please deliver the completed form to the Registrar's Office (LHH 121), fax to 970.248.1131, or mail it to Colorado Mesa University; Registrar's Office; 1100 North Ave; Grand Junction, CO 81501.