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**Social Security Number Refusal Form**

Your Social Security Number (SSN) is confidential and protected by both federal and state laws. The employees of Emily Griffith Technical College will protect this number from unauthorized disclosure and/or use. In compliance with state and federal regulations/laws, disclosure may be authorized for the purposes of state and federal reporting. Please provide your SSN or Individual Taxpayer Identification Number (ITIN). Failure to provide the information requested may result in the following:

* Student may not be able to claim federal education tax credits because Emily Griffith will not be able to provide a valid 1098-T Tuition Statement since the IRS requires a valid name and SSN (or ITIN).
* Student will not be awarded any federal financial aid, which includes loans and grants, because providing a SSN is required by The Federal Government to determine eligibility.
* Student may not be identifiable on National Student Clearinghouse enrollment and degree verification information. Likewise, employers may not be able to verify that a degree or certificate was awarded.
* Student may not be eligible to register and complete state board exams required for licensing after completion of some certificate programs. This may affect the ability to obtain employment.
* Student may not be identifiable to other colleges or universities because a SSN will not be on the academic transcript.
* Student may not be eligible for State of Colorado tuition assistance programs.

**PENALTIES**​ ​**REGARDING**​ ​**REPORTING**​ ​**INACCURATE**​ ​**SSN**​ ​**OR**​ ​**ITIN:**

Section 6109 of the Internal Revenue Code requires you to give your correct SSN or ITIN to persons who must file information returns with the IRS. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. **If**​ ​**you**​ ​**fail**​ ​**to provide**​ ​**your**​ ​**correct**​ ​**name**​ ​**and**​ ​**SSN**​ ​**(or**​ ​**ITIN),**​ ​**you**​ ​**may**​ ​**be**​ ​**subject**​ ​**to**​ ​**a**​ ​**penalty**​ ​**of**​ ​**$100.**

Student Name (last, first, middle):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By completing this form, I indicate that I have read the above information and decline to provide a SSN or ITIN as requested.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Rev. 2/23