

**AFFIDAVIT OF IDENTITY THEFT OF FFELP EDUCATION LOAN DISBURSEMENT DOCUMENT**

Borrower Name (AS APPEARING ON NOTE) \_\_\_\_\_  
Borrower SSN (AS APPEARING ON NOTE) \_\_\_\_\_

**WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to the penalties under provisions of 20 U.S.C. Section 1097.**

I, \_\_\_\_\_,  
with Social Security Number of \_\_\_\_\_,  
residing at \_\_\_\_\_,  
with a telephone number of \_\_\_\_\_, first being duly sworn upon my oath declare that:

1. I have personal knowledge of the following facts of which I am competent to testify;
2. My name and/or Social Security Number appears as Endorser on an FFELP disbursement document(s) dated \_\_\_\_\_;
3. I did not sign this disbursement document;
4. My signature was forged as the Endorser;
5. I did not receive any of the proceeds of this education loan, nor benefit from them directly or indirectly, nor did I cooperate in any way with the person who did;
6. I have provided a copy of the local, state or federal court verdict or judgment that conclusively determines I was the victim of the crime of identity theft;
7. The person who forged my name is:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Other Identifying Information: \_\_\_\_\_

8. I am making this affidavit to remove my name, Social Security Number, and other personal information from the debt in question; and
9. I attest to the truthfulness of my statements above and agree to assist or testify on behalf of USA Funds or the U.S. Department of Education if requested to do so.

**FURTHER AFFIANT SAYETH NOT:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ County of Residence \_\_\_\_\_

My commission expires \_\_\_\_\_.