Attachment II

Grinnell College
Red Flag Disclosure Statement

Department Name: _____

Name: _____Email Address: _____Campus Phone:_____

Today's Date: _____

Please describe the incident in detail including the person(s) involved, timeline, evidence, and steps, in any, already taken by the department to resolve (if necessary attach supporting evidence for the Controller's review):

If this space is insufficient, please attach additional sheet.

Certification:

I hereby certify that I have read and understand the Grinnell College Identity Theft Detection Policy and that the facts and circumstances described above are true and accurate.

_____ _____
Signature Date

This disclosure statement has been received by Controller's Office on the date noted below and will be addressed by the College.

_____ _____
Signature Date