



State Council of
Higher Education for Virginia

MAIL COMPLETED AND SIGNED FORM TO:

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA, Private and Out of State Postsecondary Education
101 N. 14th Street, James Monroe Bldg. Richmond, Virginia 23219
Phone: (804) 225-3862

INDIVIDUAL STATUS (Name and Social Security Number Must Match Social Security Records)

LAST NAME: _____ M.I. ____ FIRST NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SOCIAL SECURITY #: _____ PHONE #: _____

BUSINESS STATUS (Business Legal Name and Federal Identification Number Must Match Federal Tax Records)

TAX STATUS (CHECK ONE)

- | | |
|--|--|
| <input type="checkbox"/> SOLE PROPRIETOR | <input type="checkbox"/> ATTORNEY/LEGAL FIRM |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> CORPORATION |
| <input type="checkbox"/> GOVERNMENT AGENCY | <input type="checkbox"/> OTHER: _____ |

OWNSHIP (CHECK ALL THAT APPLY)

- MINORITY OWNED BUSINESS SMALL BUSINESS WOMAN OWNED BUSINESS

BUSINESS LEGAL NAME: _____
TRADE NAME: _____
MAILING ADDRESS: _____
REMIT TO ADDRESS: _____
CITY _____ STATE: _____ ZIP: _____
FEDERAL IDENTIFICATION NUMBER: _____
PHONE Number: _____ FAX Number: _____

CERTIFICATION: UNDER PENALTIES OF PURJURY, I CERTIFY THAT:

1. The number shown on this form is my correct Taxpayer Identification Number, and
2. I am not subject to backup withholding because: (A) I am exempt from withholding, or (B) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. Person (Including a U.S. Resident Alien).

"THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING."

SIGNATURE: _____ DATE: _____