

CAPISTRANO UNIFIED SCHOOL DISTRICT  
San Juan Capistrano, California

**FRAUDULENT ADDRESS NOTIFICATION FORM**

Name of School: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Fraudulent Address: \_\_\_\_\_

Actual Address: \_\_\_\_\_

How was the Fraudulent Address Brought to your Attention? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reporting Party (Optional): \_\_\_\_\_

Contact Number (Optional): \_\_\_\_\_