



2019-2020 Verification – Tax-Related Identity Theft Statement  
Dependent/Independent Student

Office of Financial Aid - One University Avenue - Bourbonnais, IL 60914-2345  
Phone: (815) 939-5249 Fax: (815) 939-5074 Email: finaid@olivet.edu

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “Verification.” Complete this verification form and submit it to the Office of Financial Aid as soon as possible so that your financial aid is not delayed. Please be aware that your financial aid eligibility may change based on verification.

ONU ID # or SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Student Name \_\_\_\_\_  
*Last First M.I.*

Student Address \_\_\_\_\_  
*Street (include apartment #) City State ZIP Code*

You indicated that you or another family member listed on your 2019-20 FAFSA were victims of IRS tax-related identity theft. Please check the appropriate statement(s) and provide the required signature(s) below:

\_\_\_\_\_ **I (student) and/or my spouse (if married) were victims of IRS tax-related identity theft for the 2017 tax year and the IRS has been made aware of the tax-related identity theft.**

\_\_\_\_\_ **One or both of my parents were victims of IRS tax-related identity theft for the 2017 tax year and the IRS has been made aware of the tax-related identity theft.**

Victims of IRS tax-related identity theft will not be able to provide an IRS Tax Return Transcript but will instead need to request a TRDBV transcript. Tax filers may obtain a TRDBV transcript and inform the IRS of the tax-related identity theft by calling the IRS Identity Protection Specialized Unit (IPSU) at 1-800-908-4490. The IPSU will first authenticate your identity, then you will be able to ask the IRS to mail you a TRDBV transcript. Please forward a copy of all pages of the transcript to the Office of Financial Aid as soon as possible.

*I certify that ALL of the information on this form is complete and correct:*

\_\_\_\_\_  
Student Signature (Required) Date

\_\_\_\_\_  
Parent Signature (Required for dependent students) Date

**(Computer-generated/typed signatures will NOT be accepted.)**

**WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. If we have reason to believe that the information on this form is not accurate, we may require additional documentation.**