



2024-25 Verification – Tax-Related Identity Theft Statement
Dependent/Independent Student

Office of Student Financial Services - One University Ave - Bourbonnais, IL 60914
Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@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 Student Financial Services 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 2024-25 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 2022 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 2022 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 a 2022 IRS Tax Return Transcript but will instead need to request a 2022 TRDBV transcript. Tax filers may obtain a 2022 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 2022 TRDBV transcript. Please forward a copy of all pages of the transcript to the Office of Student Financial Services 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 _____

(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.