

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Student Financial Aid
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Edwardsville, IL 62026-1060
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2024-2025
Victim of IRS Identity
Theft

IDEN

Student Name _____ Univ. ID# _____

Your 2024-2025 FAFSA has been selected for verification, a process required by federal regulation. Requested information must be submitted as soon as possible. **Financial aid cannot be offered until the verification process has been completed.**

I, _____ (Name of victim of Identity Theft),

have been a victim of IRS tax-related identity theft and the IRS has been made aware of the tax-related identity theft.

Please submit this signed and dated statement along with a copy of the 2022 IRS Tax Return DataBase View (TRDBV) Transcript.

I certify that ALL of the information on this form is true and complete.

Required Student Signature

Date

Required Parent Signature
(Dependent Student Only)

Date

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.