



**University of the Incarnate Word  
Office of Financial Assistance  
Identity Theft Checklist - FAFSA Verification**

4301 Broadway, Box 308  
San Antonio, TX 78209  
Phone: (210) 829-6008  
Fax: (210) 283-5053  
*finaid@uiwtx.edu*  
*www.uiw.edu/finaid*

(Black Ink Only)

CODE: TRDBV

Victims of identity theft are encouraged to use the Data Retrieval Tool (DRT) within their FAFSA application, or request a tax return transcript. If both options are unavailable, the student and/or parent must complete the following checklist in order to proceed with the verification process. All requirements below must be satisfied, per Department of Education regulations, in order for the Office of Financial Assistance to finalize the student's award package.

Student Name		UIW ID
Street Address	City	State & Zip Code
Phone Number	Email	

**Identity Theft Checklist:**

- Call the IRS' Identity Protection Specialized Unit (IPSU toll-free 1-800-908-4490):**
  - The IPSU unit will authenticate the tax filer's identity
  - The tax filer can then ask for an alternate paper tax return transcript (TRDBV) to be mailed to them. This document will be used to complete the verification process
  - *In the event the TRDBV transcript is not available, please contact the Office of Financial Assistance*
  
- Sign form below acknowledging the following:**
  - That myself and/or my parent is a victim of identity theft
  - I have made the IRS aware that myself and/or my parent is a victim of identity theft by calling the IPSU number above.

***\*\*Any questions or concerns regarding the identity theft checklist must be directed towards the Office of Financial Assistance by calling 210-829-6008 or by emailing finaid@uiwtx.edu.***

**Signature(s):**

I understand that I am completing this checklist due to being a victim of identity theft. The Department of Education has regulations in place to ensure that the identity of the student and/or parent is verified before the Office of Financial Assistance completes the verification process. I have attached and completed all items on this checklist as requested by the Office of Financial Assistance. I understand that all items pertaining to this checklist must be submitted in order to complete the verification process and finalize my award.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required only if student is considered dependent)

Please allow 3-5 business days for review.