## University of Illinois Springfield – Office of Financial Assistance

One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 https://www.uis.edu/cost-aid/financial-aid

## **2022-2023 Emancipated Minor Confirmation**

For Priority Processing Submit within 15 business days

## Section A – Student Information (Please print clearly)

2223

**EMINOR** 

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Last Name	First Name	M.I.		Email
Street Address	Cit	у	State	Zip Code
<ol> <li>Submit 8 ½ x 1</li> <li>Please upload</li> </ol>	entire worksheet. You in the solution of the s	umentation reques Idress above or up	sted. bload in self-servic	ne form must be <u>SIGNED</u> . ce <i>(please do not fax/email)</i> .
Federal Student A legal guardianship	id (FAFSA), or provide o	our office with a co reached the age	ppy of a court's de of being an adult	rrect your Free Application for cision that as of today you were in in your state. The court must be sued.
Section B – Ema	ancipated Minor			
•				ed documentation. I prior to your 18 <sup>th</sup> birthday.
	this form and supportin		o Enterprise Self-S	Service Student Requirements
	<ol> <li>Have legible copies</li> <li>Have UIN clearly pr</li> <li>Have all appropriate</li> </ol>	inted on ALL docu		
I certify that the inform	ation provided on this forn	n and any attachme	nts are true and cor	rect.
Student Signature		Date	······································	
ENTER YOUR 9-D	OIGIT UIN			