## 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 Social Security/Name/Date of Birth

For Priority Processing Submit Form within 15 business days

Section A	4 – Student	Information	(Please	print	clearly)
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Last Name	First Name	M.I.	Email
Street Address	City	State	Zip Code
2. Please upload all d	do:  e worksheet. You must answer all ocuments at the same time. In every page of 8 ½ x 11 legible co		n must be <u>SIGNED</u> .
Education was unable birth certificate and yo your name was legally	to confirm your legal name, socia ur social security card to Enterpris	Il security number, and/or date se Self- Service Student Requi priate documentation. The Offi	nt Aid (FAFSA), the U.S. Department of of birth. Please upload copies of your rements under the Financial Aid tab. If ce of Student Financial Assistance will
Section B - Soc	ial Security/Name/Date of	Birth Verification	
	n to our office along with the follow I Social Security Card; and Pertificate	wing documentation ( <b>please c</b>	heck):
Only if Applicable:  ☐ Copy of court of Marriage Certification	document for legal name change ficate		
Section C - Stud	dent Signature		
	d this form and supporting document submitting documentation:	entation to Enterprise Self-Ser	vice Student Requirements under the
	arly print UIN on every page of lude all appropriate signatures.		
I certify that the informa	ation provided on this form and ar	ny attachments are true and co	rrect.
Student Signature	D	ate	
ENTER YOUR 9-D	IGIT UIN		
2223 SNF	DB-O N		