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

## **Request for Additional Information**

For Priority Processing Submit Form within 15 business days

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

Last Name	First Name	M.I.		Email
Street Address City		ty	State	Zip Code
<ol> <li>Submit an 8 ½</li> <li>Please upload Aid tab.</li> </ol>	entire worksheet. You muse x 11 legible copy of documents	nentation requested. ocumentation to Self-		m must be <u>SIGNED</u> . Requirements under the Financial
information is requ	, ,	documentation tha	•	you submitted, however additional uested in your notification email to
Section B - Re	equest for Additional	Documentation		
□ Check he	re if you have attached	the documentation	on as requeste	ed in your notification email.
	re if you and/or parents email notification sent	•		SA IRS Data Retrieval process
□ Check he	re if you have attached	documentation of	of an IRS rollov	er.
Section C – St	udent Signature			
I certify that the inf	formation provided on this	s form and any atta	chments are tru	e and correct.
Student Signature	Date			
IMPORTANT: Upload	I this original form to the Office	of Financial Assistanc	e. All documentation	on submitted with this form must:
	<ol> <li>Have legible copies r</li> <li>Have UIN clearly prin</li> <li>Have all appropriate</li> </ol>	ted in upper right har		
ENTER YOUR 9	-DIGIT UIN .			
R	EQDAT N			