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

2023-2024 Social Security/Name/Date of Birth

For Priority Processing Submit Form within 15 business days

Section A – Student Information (Please print clear	Ίy	I)
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Last Name	First Name	M.I.	Email
Street Address	City	State	Zip Code
2. Please upload all de	do: e worksheet. You must answer a ocuments at the same time. every page of 8 ½ x 11 legible o		orm must be <u>SIGNED</u> .
Education was unable birth certificate and you name was legally char	to confirm your legal name, socia ur social security card to Self- Se	al security number, and/or darvice Student Requirements documentation. The Office	dent Aid (FAFSA), the U.S. Department of ate of birth. Please upload copies of your under the Financial Aid tab. If your of Student Financial Assistance will
	al Security/Name/Date of		
	n to our office along with the follo Social Security Card; and Certificate	wing documentation (please	e check):
Only if Applicable: ☐ Copy of court of Marriage Certification	locument for legal name change icate		
Section C - Stud	lent Signature		
IMPORTANT: Upload Aid tab. When submitti		entation to Self-Service Stud	dent Requirements under the Financial
	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	correct.
Student Signature	С	Date	
ENTER YOUR 9-D	IGIT UIN 🛶		
2324 SNE	DB-E N		