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

Emancipated Minor Confirmation

For Priority Processing Submit within 15 business days

Section A – Student Information (Please print clearly)

EMINOR

Ν

Last Name	First Name	M.I.		Email	
Street Address	Cit	у	State	Zip Code	
 Submit 8 ½ x Please upload 	s entire worksheet. You 1	umentation reque ddress above or u	ested. upload in self-servic	e form must be <u>SIGNED</u> . e <i>(please do not fax/email)</i> .	
Federal Student / legal guardianshi	Aid (FAFSA), or provide o	our office with a cure reached the age	copy of a court's dec e of being an adult i	rect your Free Application for cision that as of today you were n your state. The court must be ued.	
Section B – En	nancipated Minor				
Return this original	form to our office along	with a copy of the	following requeste	d documentation.	
☐ Please sub	mit a copy of the court's	decsion that you	were emancipated	prior to your 18 th birthday.	
Section C – St	udent Signature				
	d this form and supportin hen submitting documen		to Self-Service Stud	lent Requirements under the	
	 Have legible copies made on 8 ½ x 11 paper. Have UIN clearly printed on ALL documents. Have all appropriate signatures. 				
I certify that the inform	mation provided on this forr	m and any attachm	ents are true and cor	ect.	
Student Signature		Date			