## University of Illinois Springfield – Office of Financial Aid 2024-2025 Confirmation of Student Illinois Residency

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		State	Zip Code	
2. Please upload all	d do: ire worksheet. You must ansy documents at the same time. on every page of 8 ½ x 11 legi		and the form mu	st be <u>SIGNED</u> .	
Section B - St	udent Illinois Residency	y Confirmation			
According to your leg	gal state of residence, please o	complete the followin	g questions and	attach the appropriate docu	mentation.
My state of legal res proceed to <b>Section</b>	idence is Illinois: YES 🗌 NO C).	(If <b>No</b> , please in	dicate your state	of legal residence:	and
Month and year you	became a legal resident of Illin	nois:	_/	<u></u>	
I have attached the f	ollowing <i>current</i> documentation	Month on <i>(please check an</i>	Year nd submit one o	nly):	
☐ Illinois high ☐ Valid Illinois ☐ Utility bill in ☐ Rent/mortg ☐ Illinois auto ☐ Residential ☐ State of Illir ☐ Illinois vote ☐ Property ta: ☐ State of Illir ☐ Wage and t	nois income tax return or feder ax statements (IRS form W-2) of benefits history from the Illir of benefits from the Social Sec	cript; REAL ID Driver's Lice ctric, gas, water, refue; ; ; by the Secretary of S al tax transcript or Miscellaneous Incomis Department of H	ense; use, phone (land State; come Statements	or cell), or cable/internet; s (IRS form 1099)	
IMPORTANT: Uplo	ad this form and supporting do	ocumentation to the I	Financial Aid Hor	me Page on Self-Service.	
	cumentation: Clearly print UIN on every pa nclude all appropriate signat				
I certify that the infor	mation provided on this form a	nd any attachments	are true and corr	ect.	
Student Signature		Date			

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