UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships
1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126
College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127



2023-2024 Social Security/Name/Date of Birth

Section	A – Student In	formation (P	lease print	clearly)				
Last Name		First Name		M.I.		Emai	<u> </u>	
 Complete Please se 	should do: e this entire worksh ubmit all document rint UIN on every p	s at the same tir	ne.		and the form r	must be <u>SIGNE</u>	<u>D</u> .	
Education w birth certification please provide	the information yo yas unable to confir ate and your social ide appropriate doc FAFSA accordingl	m your legal nar security card to umentation. Stu	me, social seco Student Finan	urity number, a scial Aid and S	and/or date o Scholarships.	f birth. Please If your name v	submit copies o vas legally char	of your nged,
Section	B – Social Sec	urity/Name/D	ate of Birth	n Verificatio	on			
☐ Cop	original form to our y of signed Social S y of Birth Certificate	Security Card; ar		documentation	n (please che	eck):		
	<i>licable:</i> y of court documen riage Certificate	t for legal name	change					
Section	C – Student Si	gnature						
IMPORTAN [*]	 Clearly prir 	n to Student Fina It UIN on every appropriate sig	page of 8 1/2 x			nitting documen	itation:	
I certify that	the information pro	vided on this for	m and any atta	achments are	true and corr	ect.		
Student Sig	nature		Date					
ENTER	YOUR 9-DIGIT UIN	→						
2324	SNDB-E	N	П					