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



2024-2025 DHS Secondary Confirmation of Citizenship Form

Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Email
2. Submit all documents	orksheet. Answer all question	· ·	gible for Title IV aid.
Section B - DHS C	•	· · · · · · · · · · · · · · · · · · ·	
To continue processing yo			ducation requires us to verify citizenship byide one of the following:
Copy of Consular Rep Report of Birth (DS-13	rtificate, U.S. passport, or U.S port of Birth Abroad (FS-240), 350)	Certificate of Birth Abroa	ad of U.S. Citizen (FS-545), or Certification of cation (N-550 or N-570) issued by USCIS
conditional Resident A ☐ Original Arrival/Depar valid expiration date a ☐ Original, unexpired fo ☐ Original documentation	lien Registration Receipt Card Alien Card (I-551, I-94, or I-94, ture Record (I-94) or Departur and appropriate information reign passport with I-551 endo	A) Te Record (I-94A) with the prsement us as Refugee, Asylum (Card/Permanent Resident Card (I-551), or e endorsement "Processed for I-551" with Granted, Parolee or Cuban-Haitian Entrant or
☐ A copy of eligibility let	ng or Battered Immigrant-Qua ter from Health and Human So be of Action form from USCIS,	ervices (HHS) or a T-visa	a ate verifying financial aid eligibility
Section C - Studer	nt Signature		
1. Clearl	is form to Student Financial Ai y print UIN on every page. le signatures.	id and Scholarships. Wh	en submitting documentation:
I certify that the information	n provided with this form and	any attachments are true	e and correct.
Student Signature		Date	<u> </u>
ENTER YOUR 9-DIGI	T UIN -		
2425 DHS2-	O N		