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 Social Security/Name/Date of Birth

Section A - S	tudent Information (Pl	ease print clearly)	
 Last Name	First Name	M.I.	Email
Lastivallie	riist Naiile	IVI.I.	EIIIaii
2. Please submit al			form must be <u>SIGNED</u> .
Education was unabbirth certificate and	ole to confirm your legal nam your social security card to S opriate documentation. Stud	e, social security number, and/or of Student Financial Aid and Scholars	cudent Aid (FAFSA), the U.S. Department of date of birth. Please submit copies of your ships. If your name was legally changed, os will review the information and if necessary
Section B – So	ocial Security/Name/Da	ate of Birth Verification	
	ned Social Security Card; and	he following documentation (plea : ପ	se check):
Only if Applicable: ☐ Copy of cou ☐ Marriage Ce	rt document for legal name c ertificate	hange	
Section C – St	udent Signature		
1. (ncial Aid and Scholarships. When page of 8 $\frac{1}{2}$ x 11 legible copies. atures.	submitting documentation:
I certify that the infor	rmation provided on this form	and any attachments are true an	d correct.
Student Signature		Date	
therefore, it is man	datory for you to submit the ent Financial Aid and Scho		firm some of your information; nentation in order to be considered for ition and if necessary correct your
ENTER YOUR 9	-DIGIT UIN		
			

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