SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Student Financial Aid

2308 Rendleman Hall Campus Box 1060
Edwardsville, IL 62026-1060
Phone: (618) 650-3880 Fax: (618) 650-3885
Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

2024-2025
Proof of Illinois
Residency -Dependent

ILRSE

Student Name	Univ. ID#	ID#	
Permanent Address			City
State	Zip Code	Phone	
Steps to complete:			
 Complete this entire workshe Please submit all documents Clearly print your University 		ignatures at the bottom	
Illinois Residency Confirmation			
I have attached one of the following d fixed, and permanent home immediate			Illinois must be their true,
	s license, or valid Illinois REAL ID dr s Identification Card issued by the Sec orms;		
☐ My parent(s) cannot provide	proof of Illinois residency		
Please Note: The parent of the dependent	dent student who is required to comple	ete the Free Application for Fede	ral Student Aid (FAFSA)
must physically reside in Illinois and l available, please reach out to the Office	· · · · •	<u> </u>	
For additional inform	nation about the Monetary Award Prog	ram eligibility, please visit: www	v.isac.org
certify that ALL of the information on	this form is true and complete.		
equired Student Signature	Date Requ	ired Parent Signature	Date

FORMS/ILRSD2425 10/2024

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.