## 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 **Separation Agreement Parent** 

2024-2025

SPAGD

Student Name		Univ ID#
Student Name		Only. $\mathbf{D}_{\pi}$
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Your 2024-2025FAFSA has been selected for verification, a process required by federal regulations. Requested information must be submitted as soon as possible. Financial aid cannot be offered until the verification process has been completed.

The parent that reported their financial information and signed your FAFSA reported their marital status as divorced/separated, but your

pporting documentation	_	ooth parents' 2022 W-2s and signed Fede	, I
Parent 1 Name			
Address (Street Numb	per and Street Name only - N	No P.O. Box addresses will be accepted)	
City		State	Zip
Parent 2 Name			
Address			
(Street Numb	er and Street Name only - N	No P.O. Box addresses will be accepted)	
· ·	er and Street Name only - N	~ /	Zip
City  Date of Separation:		State	-
City	,	State Year	<u> </u>
City  Date of Separation:  OR  Date of Divorce:	Month	State Year	
City  Date of Separation: OR Date of Divorce:  Required Documentat  Copy of a Lease Copy of Utility I Court documents	Month  Month  ion- Submit at least one ite  Agreement (current and sig Bills (current month, bill for ation (if applicable)	State  Year  Year  Year  Year  Year  Year  Year	t separate addresses.

I certify that ALL of the information on this form is true and complete.								
Required Student Signature	Date	Required Parent Signature (Dependent Student Only)	Date					

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