

STUDENT INFORMATION

Student Name: _____ Student ID #: _____
Permanent Address: _____ Phone Number: _____

Please use the blank space below to clarify the information that you discussed with an advisor in the Office of Financial Aid.

Sign the bottom of the form to certify the validity of your statement. **This form cannot be completed in pencil.**

I hereby certify that all of the information provided on this form is true, complete, and accurate to the best of my knowledge. I agree to provide information that will verify the accuracy of this completed form. I realize that until all requested information has been submitted, reviewed, and verified, no financial aid will be credited to my student account. **I understand that if corrections need to be made to my FAFSA, the Office of Financial Aid will make the corrections based on the verification process.** If I purposely give false or misleading information, I may be fined, sent to prison, or both. I understand that it can take a minimum of two weeks for the Financial Aid & Veteran Services Office to process documents.

Printed Name

Signature - **Must be drawn and not typed.**

Date

Forms can be submitted by:

Fax: 815-224-0638 | Mail: Office of Financial Aid, 815 N. Orlando Smith Rd Oglesby, IL 61348 | In Person: CTC101S

Note: Documents submitted via email cannot be accepted due to security reasons. | Office Phone: 815-224-0438