

2016-2017 Information Request Form



Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street – MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Please answer each of the following questions:

1. What was your legal residence at the time you completed the Free Application for Federal Student Aid (FAFSA)?

Address *City* *State*

2. What was the date you became a legal resident of the state listed above?

Date (mm/yyyy)

3. What was your parent(s)' state of legal residence or country of residency (if not the United States) at the time you completed your FAFSA?

Address *City* *State or Country*

4. What is the date your parent(s) became legal resident(s) of the state or country listed above?

Date (mm/yyyy)

I certify that ALL the information on this form is complete and correct.

UIN (Number on I-Card or Admissions Letter)

Print Name

Student Signature

Date

Parent Signature (Required for dependent students)

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Documents may be faxed to (217) 265-5516 or mailed to the address at the top of this letter. You will be able to view receipt of faxed documents online within three business days and receipt of mailed documents within one week. To check the status of submitted documents go to www.osfa.illinois.edu and click on "Check Your Status." If you have any questions, please contact a member of our counseling staff at (217) 333-0100.