



Southeastern Illinois College
 Financial Aid Office
 3575 College Rd.
 Harrisburg, IL 62946
 Phone: (618) 252-5400 Fax: (618) 252-3062
 Email: fao@sic.edu

2016-2017
**Proof of Separation
 Student**

The Financial Aid Office received your 2016-2017 Free Application for Federal Student Aid (FAFSA). The college is required to verify separations as both legal and physical. Please complete this form to its entirety and return along with the appropriate documentation.

Section A- Student Information (Please print clearly)

_____	_____	_____	_____
Last Name	First Name	M.I	Student ID Number
_____			_____
Address			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Phone Number

Section B- Financial Information

- Separation:** You indicated on your FAFSA that you and your spouse are separated as of (mm/dd/yyyy) _____. To verify separation, please provide the following information:
 - Date of marriage (mm/dd/yyyy): _____
 - A copy of the court order if legally separated.
 - Provide driver's license, utility bills, and/or lease/rental/mortgage documentation of separate residences and who pays for each individual's living expenses (ie. self, parent, public assistance).
 - Address of marital property: _____
 - Name and address of Spouse: _____
 - Pending divorce hearing date: _____ in the county of _____.
 - Proof of spousal support and/or child support received and/or anticipated in 2016 (if applicable).
 - Statement from your attorney or legal aid office representing you. The letter must be on official letterhead and include the full name of the attorney.
 - Individual statement describing your situation including how you plan to support yourself and child(ren) (if applicable).

By signing, you are indicating the information you provided is true and accurate to the best of your knowledge. You are also certifying that you understand misrepresentation or false information may result in denial of additional aid and possibly repayment of aid already awarded.

 Student's signature

 Date