

Name _____

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

2019-2020

Separation Agreement Parent

Univ. ID# _____

SPAGD

Your 2019-2020 federal financial aid application information must be submitted as soon as posse completed.				
The parent that reported their financial informated, but your parent filed their 2017 IRS				
Have your parent complete the form below and	l submit required su	pporting documentation.		
Parent 1 Name				
Address (Street Number and Street Name only				
(Street Number and Street Name only	-No P.O. Box addre	esses will be accepted)		
City		State	Zip	
Parent 2 Name				
Address				
(Street Number and Street Name only	-No P.O. Box addre	esses will be accepted)		
City		State	Zip	
Date of Separation: MonthOR		Year		
Date of Divorce: Month		Year		
Required Documentation- Submit at least one Lease Agreement (current and signed Utility Bills (current month, bill for ele Court documentation Letter verifying your parents' separate My parents are not separated.) lectric, water, gas)		-	
I certify that ALL of the information on this fo	rm is true and comp	lete.		
Required Student Signature	Date	Required Parent Sig	gnature	Date
Vif:4: 10 20/CDA CD1020				00/2019