

Student Name ___

Student Financial Aid

2308 Rendleman Hall Campus Box 1060 Edwardsville, IL 62026-1060 Phone: (618) 650-3880 Fax: (618) 650-388

Phone: (618) 650-3880 Fax: (618) 650-3885 Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid 2023-2024

Separation Agreement Parent

Univ. ID#____

SPAGD

Required Student Signature Date	Required Parent Si (Dependent Student	
I certify that ALL of the information on this form is true and	d complete.	
☐ My parents are not separated.		
• Letter verifying your parents' separation status, on their letterhead, from a counselor, attorney, or clergy		
Copy of Utility Bills (current month, bill for electricCourt documentation (if applicable)	ical, water, gas)	
W-2s. Copy of a Lease Agreement (current and signed)		
Required Documentation- Submit at least one item per pa	rent to confirm residence at se	parate addresses, and both parents' 2021
Date of Divorce: Month	Year	
Date of Separation: MonthOR	Year	
City	State	Zip
(Street Number and Street Name only - No P.O. Bo	ox addresses will be accepted)	
Address		
Parent 2 Name		
City	State	Zip
•	• ,	7:
Address (Street Number and Street Name only - No P.O. Bo	or addresses will be accented)	
Parent 1 Name		
Have your parent complete the form below, submit both pa		
The parent that reported their financial information and sign parent filed their 2021 IRS Federal Income Tax Return as m		
Your 2023-2024 FAFSA has been selected for verification, submitted as soon as possible. Financial aid cannot be off	1 1	

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