

Student Name

Student Financial Aid

2308 Rendleman Hall Campus Box 1060 Edwardsville, IL 62026-1060 Phone: (618) 650-3880 Fax: (618650-3885

Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

2023-2024

Separation Agreement Student

Univ. ID#

SPAGI

	ed for verification, a process required by federal reg aid cannot be offered until the verification proc	
On your FAFSA, you reported your mari married filing jointly/married filing separ	tal status as divorced/separated, but you filed your arately.	2021 IRS Federal Income Tax Return as
Complete the form below and submit alor	ng with supporting documentation.	
Student's Address		-
(Street Number and)	Street Name only $-$ No P.O. Box addresses will be α	accepted)
City	State	Zip
Spouse's Name		
(Street Number and .	Street Name only – No P.O. Box addresses will be a	accepted)
Address		
City	State	Zip
Date of Separation: MonthOR	Year	
Date of Divorce: Month	Year	-
 Copy of a Lease Agreement (Copy of Utility Bills (current Court Documentation (if appl 	month, bill for electrical, water, gas)	
☐ I am not separated. The inf	ormation that appears on my FAFSA is a mistal	xe.
I certify that ALL of the information or	n this form is true and complete.	
Required Student Signature	Date	

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