



Southeastern Illinois College  
 Financial Aid Office  
 3575 College Rd.  
 Harrisburg, IL 62946  
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2023-2024  
**Proof of Separation**  
**Parent**

The Financial Aid Office received your student’s 2023-2024 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- Marital Status**

- Separation:** You indicated on your FAFSA that your parents 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 utility bills and lease/rental/mortgage documentation of separate residences and who pays for each parents’ living expenses (ie. self, parent, public assistance).
  - Address of Parent 1: \_\_\_\_\_
  - Address of Parent 2: \_\_\_\_\_
  - Pending divorce hearing date: \_\_\_\_\_ in the county of \_\_\_\_\_.
  - Proof of spousal support and/or child support received and/or anticipated in 2023
  - (if applicable).
  
- Divorced:** You indicated on your FAFSA that your parents are divorced as of (mm/dd/yyyy) \_\_\_\_\_. To verify divorce, please provide the following information:
  - Divorce Decree or Dissolution of Marriage court documents signed by a judge.
  - Is custodial parent (or parent who supports you the most) remarried? \_\_\_ No  
 \_\_\_ Yes and date of marriage \_\_\_\_\_
  - Do your biological parents currently reside together? \_\_\_ No  
 \_\_\_ Yes

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
_____	_____
Parent’s signature	Date