

Southeastern Illinois College Financial Aid Office 3575 College Rd. Harrisburg, IL 62946

Phone: (618) 252-5400 Fax: (618) 252-3062

Email: fao@sic.edu

2025-2026 Proof of Separation Parent

The Financial Aid Office received your student's 2025-2026 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 indic	cated on your FAFSA that y To verify separation, p		
parents' living expenseAddress of Parent 1:	der if legally separated. d lease/rental/mortgage doc es (ie. self, parent, public as	sistance).	e residences and who pays for each
 Address of Parent 2: Pending divorce hearing Proof of spousal supposed (if applicable). 	ng date:ort and/or child support rece	in the county of ived and/or anticipate	d in 2025
☐ Divorced: You indicate	ted on your FAFSA that you To verify divor	*	d as of (mm/dd/yyyy) e following information:
	solution of Marriage court of parent who supports you the	e most) remarried?	3 0
Do your biological par	rents currently reside togeth		
	stand misrepresentation or fals		e to the best of your knowledge. You are also t in denial of additional aid and possibly
Student's signature			Date
Parent's signature			Date