

Questions about how to complete this form?
Call 217-786-2237 or 800-727-4161.
www.llcc.edu/financial-aid

Return completed form to:
LLCC Financial Aid
5250 Shepherd Road
Springfield, IL 62794-9256
financial.aid@llcc.edu
Electronic forms only accepted from LLCC email addresses.
217-786-2229 fax

ADD LLCC TO FAFSA FORM

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
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Add LLCC to FAFSA

I give permission to the LLCC Financial Aid Office to add LLCC to my _____ FAFSA.
(year)

My DRN number is _____.

Signature

STUDENT SIGNATURE (REQUIRED – Sign printed form.)	DATE
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