

EARLY HIGH SCHOOL GRADUATION FORM

Questions about how to complete this form?

Call 217-786-2237 or 800-727-4161.

Text 217-920-1096. www.llcc.edu/financial-aid Return completed form to:

LLCC Financial Aid 5250 Shepherd Road Springfield, IL 62703

financial.aid@llcc.edu Electronic forms only accepted

	www.iicc.caa/iiilaiiciai aia	ironi LLCC eman addresses.
Student Information		217-786-2229 fax
STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH

Before High School Graduation

If your high school official can only fill out the Before High School Graduation section, you must have the official fill out the After High School Graduation section after you have graduated. Students cannot be awarded financial aid until a high school official fills out the After High School Graduation section and all other documents requested by the financial aid office have been received.

STUDENT NAME	DATE STUDENT WILL BE GRADUATING	
NAME OF HIGH SCHOOL STUDENT WILL BE GRADUATING FROM		
HIGH SCHOOL OFFICIAL'S SIGNATURE	DATE	
HIGH SCHOOL OFFICIAL'S NAME (PRINTED)	HIGH SCHOOL OFFICIAL'S TITLE	
Official High School Seal		
After High School Graduation		
STUDENT NAME	HAS MET GRADUATION REQUIREMENTS AS OF THIS DATE	
NAME OF HIGH SCHOOL STUDENT GRADUATED FROM AND IS NO LONGER ATTENDING	l	

DATE

HIGH SCHOOL OFFICIAL'S TITLE

HIGH SCHOOL OFFICIAL'S SIGNATURE

HIGH SCHOOL OFFICIAL'S NAME (PRINTED)

Official High School Seal