Lincoln Land Community College 2024-2025 CITIZENSHIP PROOF FORM	Questions about how to complete this form? Call 217-786-2237 or 800-727-4161. Text 217-786-2237. www.llcc.edu/financial-aid	Return completed form to: LLCC Financial Aid 5250 Shepherd Road Springfield, IL 62794-9256 financial.aid@Ilcc.edu <i>Electronic forms only accepted</i> <i>from LLCC email addresses.</i>
Student Information		217-786-2229 fax
STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH

Citizenship Confirmation

The U.S. Department of Education could not confirm your status as a citizen or eligible non-citizen of the United States. Before LLCC Financial Aid can establish your eligibility for assistance, we must verify your citizenship status. **If presenting the documents in person, please bring the original documents. If emailing or mailing, please sign the statement below.**

l,	_, made the copies of the original documents I am providing to LLCC
Financial Aid.	

STUDENT SIGNATURE (REQUIRED - Sign printed form.)

U.S. Citizenship Documentation:

U.S. birth certificate and Social Security card Form FS-240 (Report of Birth Abroad of a Citizen of the U.S.), Form FS-545 (Certificate of Birth Foreign Services) or Form DS 1350 (Certificate of Birth) Valid U.S. passport (for a non-citizen national, the passport must be stamped non-citizen national) Certificate of citizenship Certificate of naturalization

Eligible Non-Citizen Documentation To Be Reviewed:

Documentation includes I-327, I-94, I-94A and I-551. If you have other documentation, please contact LLCC Financial Aid. We will be unable to accept the Employment Authorization Card.

If you are an eligible non-citizen, submit your original, unexpired Alien Registration Card.

Certification and Signature

By signing this form, I certify that all the information reported on this form is complete and correct.

WARNING: If you purposely give false or misleading information on this form, you may be fined and/or sentenced to jail.

STUDENT SIGNATURE (REQUIRED – Sign printed form.)

DATE

DATE

Office Use Only

□ I copied original documents checked above.

PRINTED NAME OF SCHOOL OFFICIAL