Forms can be submitted by mail, fax (217/373-3807), or delivered in person. To ensure your privacy, Do NOT submit forms through email.

<table>
<thead>
<tr>
<th>Name</th>
<th>Student’s ID Number</th>
</tr>
</thead>
</table>

A. Illinois Residency Verification

The Illinois Student Assistance Commission (ISAC) requires independent students to verify Illinois residency.

For an independent student to be considered a resident of Illinois they must have physically resided in Illinois for 12 continuous full months immediately prior to the start of the academic year for which assistance is requested and Illinois must be their true, fixed, and permanent home.

You must submit a copy of one of the acceptable documents listed below with a date of issuance between September 1, 2022 and September 1, 2023.

<table>
<thead>
<tr>
<th>Acceptable Documents:</th>
<th></th>
<th>Acceptable Documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois auto registration</td>
<td></td>
<td>I have not lived in Illinois for one year</td>
</tr>
<tr>
<td>Residential lease signed by you and your landlord</td>
<td></td>
<td>I did live in Illinois during this period; however I am unable to provide supporting documentation. I understand that checking this box will render me ineligible to receive the Illinois MAP Grant.</td>
</tr>
<tr>
<td>Illinois driver’s license or Illinois State Issued ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility or rent bills in your name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement of benefit history from Illinois Department of Public Aid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Identity and Statement of Educational Purpose

The student must appear in person at Parkland College to verify their identity by presenting a valid, unexpired, government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the following statement:
Statement of Educational Purpose

I certify that I, ________________________, am the individual signing this Statement of Educational Purpose, and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Parkland College for 2024-2025.

_____________________________________________          ________________
(Student’s Signature)                                    (Date)

If the student is unable to appear in person at Parkland College to verify their identity, the student must provide:
(a) A copy of the valid, unexpired, government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver’s license, other state-issued ID, or passport; and
(b) The original notarized Statement of Educational Purpose provided below.

Notary’s Certificate of Acknowledgement

State of Illinois

City/County of ____________________

On__________ (Date), before me, ____________________________ (Notary’s name), personally appeared, ____________________________ (Printed name of signer), and proved to me on basis of satisfactory evidence of identification_________________________ (Type of government-issued photo ID) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

__________________     __________
(Notary signature)            (Date)

Certification and Signature

The person signing below certifies that all the information reported on this worksheet is complete and correct.

_____________________________________________          ________________
Student’s Signature                                    Date

Important: You must return all original worksheets to Parkland College.

Parkland College ensures equal educational opportunities are offered to all students regardless of race, color, national origin, gender, disability, sexual orientation, veteran/Vietnam veteran era, age, or religion, and is Section 504/ADA compliant. For additional information or accommodations call 217-351-2505.

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