

ILLINOIS CENTRAL COLLEGE
FINANCIAL ASSISTANCE OFFICE
ONE COLLEGE DRIVE
EAST PEORIA, IL 61635

Student Name _____

In the process of determining the above named student's dependency status, we have required the student to submit an attestation on their behalf regarding living arrangements and financial support. We are asking that you write a paragraph confirming the student's status and return this statement to our office.

Thank you.
Financial Assistance Office
Illinois Central College

I am familiar with the above student's living arrangements and financial support. I affirm the information is true and correct to the best of my knowledge. I agree to respond to inquiries concerning this student's independent status.

Signature of Witness _____ Date _____

Printed name of Witness _____

Job Title _____ Relationship to student _____

Address _____ Phone No. _____
street city state zip

Please mail to Illinois Central College, Financial Assistance Office, One College Drive, East Peoria, IL 61635

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Student Name _____

Soc. Sec. No. _____

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