UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships 1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126



2024-2025 IVG Grant Illinois Residency Verification

Section A – Student Information (Please print clearly)

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Last Name	F	irst Name		M.I.				Email		
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Section C	– Student Siç	jnature								
I certify that the	e information prov	rided on this f	orm and any	attachments	are true	and corre	ect.			
Student Signa	ture			Date						
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