

Questions about how to complete this form?  
 Call 217-786-2237 or 800-727-4161.  
 Text 217-920-1096.  
[www.llcc.edu/financial-aid](http://www.llcc.edu/financial-aid)

Return completed form to:  
 LLCC Financial Aid  
 5250 Shepherd Road  
 Springfield, IL 62703  
[financial.aid@llcc.edu](mailto:financial.aid@llcc.edu)  
*Electronic forms only accepted from LLCC email addresses.*  
 217-786-2229 fax

## ADD LLCC TO FAFSA FORM

### Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
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### Add LLCC to FAFSA

I give permission to the LLCC Financial Aid office to add LLCC to my \_\_\_\_\_ FAFSA.  
 (year)

My DRN number is \_\_\_\_\_.

### Select Housing Plan

- Living off campus
- Living with parent

### Signature

STUDENT SIGNATURE (REQUIRED – Sign printed form.)	DATE
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