

## Student Separation Verification Form

The student named below has requested to enroll in Adult Education classes at Southwestern Illinois College. To comply with Illinois State regulations, we are respectfully requesting that you complete and sign this form verifying that the student's address is in your high school district and the student has officially withdrawn or is not enrolled in classes at the high school named below.

Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Southwestern Illinois College  
Adult Education Department  
2500 Carlyle Av. Room 2273  
Belleville, IL, 62221

Office: 618-222-5525  
Fax: 641-5722

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

High School Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

High School Address \_\_\_\_\_

### FOR SCHOOL VERIFICATION, COMPLETE THE FOLLOWING

*To be completed by the school representative*

Representative Name \_\_\_\_\_

(Printed)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Please affix your stamp or official seal here**