



STATE UNIVERSITIES RETIREMENT SYSTEM
VERIFICATION OF “MINORITY OWNED BUSINESS”, “FEMALE OWNED BUSINESS”, OR “
DISABLED OWNED BUSINESS” STATUS

_____ verifies that it **does** meet the
Firm Name
requirements to be classified as “**Minority Owned Business**” as defined as Illinois Statute 30-ILCS-575
Business Enterprise for Minorities, Females, and Persons with Disabilities Act.

_____ verifies that it **does** meet the
Firm Name
requirements to be classified as “**Female Owned Business**” as defined as Illinois Statute 30-ILCS-575
Business Enterprise for Minorities, Females, and Persons with Disabilities Act.

_____ verifies that it **does** meet the
Firm Name
requirements to be classified as “**Disabled Owned Business**” as defined as Illinois Statute 30-ILCS-575
Business Enterprise for Minorities, Females, and Persons with Disabilities Act.

_____ verifies that it **does not** meet the
Firm Name
requirements to be classified as “**Minority, Female or Disabled Owned Business**” as defined as Illinois
Statute 30-ILCS-575 Business Enterprise for Minorities, Females, and Persons with Disabilities Act.

Signature

Date

Title