

Sandburg Financial Aid
2400 Tom L. Wilson Blvd
Galesburg, IL 61401
Phone: 309.341.5283
Fax: 309.344.2529



**CARL
SANDBURG
COLLEGE™**
www.sandburg.edu

2016-2017 Enrollment History Verification

Student's Name _____

Student's ID# _____ Last 4 SSN# xxx-xx-_____

You were selected by the Department of Education to verify your educational enrollment. We need official transcripts from each of the colleges or universities you have attended and/or received financial aid. List below all colleges and universities you have attended. If you have not already done so, submit an official transcript from each institution listed. We will continue processing your application for financial aid once all transcripts are on file.

Years Attended	College or University	Date Official Transcript sent to Sandburg

I certify the information provided is true and complete.

Signature _____ Date _____