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

2020-2021 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 enrollment history. Please list each of the colleges or universities you have attended from 2016-2017 to the present and submit an **official transcript** from each institution listed.

Years Attended	College or University	Date Official Transcript sent to Sandburg

If you **did not** complete all credits successfully at the institutions above please **submit** a typed statement explaining the reason you failed to earn credit.

I certify the information provided is true and complete.

Student's Signature_____ Date_____