

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

2018-2019 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 2014-2015 to the present and submit an official transcript from each institution listed.

Years Attended	College or University	Date Official Transcript sent to Sandburg

This process is required when students attend multiple schools.
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.

Signature _____ Date _____