



**Enrollment History Verification Form**  
 Financial Aid Office P.O. Box 10 Terrell, Texas 75160  
 Phone: 972-524-3341 Fax: 972-563-7133

STUDENT'S NAME: \_\_\_\_\_ I.D.# \_\_\_\_\_

Please list any schools that you have attended in the past regardless of whether financial aid was issued at the school(s). Include the location of the school and year(s) you attended. If you need additional spaces, please complete a second form.

Name of School	City, State	Academic Year(s) of Attendance

**Certification and Signature**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **WARNING.** If you purposely give false or misleading information, you may be fined, sent to prison, or both. After completing please print, sign and you can fax it to our office at (972) 563-7133 or you can send by mail to SWCC/FAO P.O. Box 10 Terrell, TX 75160. We may require additional documentation if needed.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

FOR FINANCIAL AID OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE.)

School(s )Attended	Transcript Received
	<input type="checkbox"/> YES <input type="checkbox"/> No
	<input type="checkbox"/> YES <input type="checkbox"/> No
	<input type="checkbox"/> YES <input type="checkbox"/> No
	<input type="checkbox"/> YES <input type="checkbox"/> No