



## 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 <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
	<input type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
	<input type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
	<input type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> No</span>