

Financial Aid Correspondence Opt-In Form

STUDENT INFORMATION:

Last Name	First Name	Social Security # (Last 4 Digits)	SCC7 Digit Student ID #
Phone # (Include Area Code)		Email Address	
Financial Aid correspo in addition to the elec	ndence, including tronic copies you	ting to receive paper copi g Financial Aid award not I currently receive, and yo elay your receipt of the in	ices. These will be ou understand that
If you do not complete Financial Aid Office, a		may still request a paper time.	copy from the
Yes, I w	vant to receive paper co	pies of my SCC student corresponde	nce.
CERTIFICATION: Please sign	here.		
Student Signature			Data