



STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID#
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Please complete the following items to request verification of eligibility to take the Ability to Benefit (ATB) test or verify completion of six (6) degree-applicable units to satisfy the Ability to Benefit (ATB) unit requirement for federal financial aid eligibility.

- YES, I am at least 18 years of age and no longer enrolled in high school
 If NO, STOP here. You are not eligible.
- YES, I do not have a high school diploma, GED, or Certification of Proficiency.
 If YES, continue below for further eligibility determination.
 If NO, bring original HS Diploma, GED, or Certificate of Proficiency.
- YES, I was enrolled in a college or university prior to July 1, 2012.
 If YES, continue below for further eligibility determination.
 If NO, STOP here. You are not eligible.
- YES, I have submitted official transcripts from all colleges/universities outside of the Los Rios District that I have attended to the SCC Admission and Records Office.
 If YES, continue below for further eligibility determination.
 If NO, submit the official records to the SCC Admission and Records Office before uploading this form to the SCC Financial Aid Office.

Prior to July 01, 2012 I enrolled at the college/university: _____

CERTIFICATION AND SIGNATURE [Upload Form](#)

I acknowledge that all information reported on this form and any attachment is true, complete, and accurate to the best of my knowledge. I understand that if I receive Federal Student Aid based upon incorrect information, then I will need to repay it; I may also be required to pay fines and fees.

Student Signature: _____ Date: _____

For Office Use Only

Enrollment Prior to 07/01/12?	Y	N	6 degree-applicable units:	Y	N	A&R Units: _____	Class: _____
Transcript in OnBase?	Y	N	Eligible for ATB Test:	Y	N	A&R Units: _____	Class: _____
			Email Assessment Date:	_____		A&R Units: _____	Class: _____
Federal School Code Attended prior to 07/01/2012: _____						School: ARC, CRC, FLC, SCC _____	
Postponed Date:	_____		A&R Sign:	_____		Date: _____	
Comments: _____							
FAO or Supervisor: _____						Date: _____	