



2009-10 ACG VERIFICATION FORM

55225 Hillsdale Blvd., Sacramento, CA 95842 916.348.4689 Fax: 916.334.2315 www.tlbc.edu

Instructions: Print and sign this form, then take it to your high school to be completed and signed by a school official. Return the form to the financial aid office.

Last Name

First Name

Social Security

I authorize high school officials to release information regarding my high school transcripts to my school.

Student Signature

Date

To be completed by High School:

Name of High School: _____

Date of Graduation: _____

- Completed the California A-G Course Requirements
- Golden State Seal merit Diploma
- AP Exam # _____ Score _____ Passed AP Course _____
- AP Exam # _____ Score _____ Passed AP Course _____
- California IB Exam Score _____
- Completed Out-of-State requirements in _____ (State)
Type of Rigorous program of study _____
- Did not complete Rigorous program of Study

Print Name and Title of School Official

Telephone

Signature of School Official

Date

Return Completed Form to Financial Aid office

For Office Use Only:

Rigorous Code _____
 Pell Eligible _____
 Citizen _____
 Full-Time _____
 Years In School 1 or 2 _____