

Financial Aid Office
Confluence – Room 120
Campus Box 206
P.O. Box 173363
Denver, CO 80217
Fax: 303-556-5458
Phone: 303-556-5503
Email: financialaid@ccd.edu
Website: www.ccd.edu/finaid



Ability to Benefit Test Referral

Name: _____	_____	_____
First	M.I.	Last
S#: S _____	Phone #: _____	
Email: _____		@student.ccd.edu
Your official CCD email account is the only email CCD will accept for correspondence.		
<i>I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.</i>		
Student: _____	_____	_____
Print Name	Signature	Date

Submit this form to CCD's Testing Center, Confluence 216, in order to qualify to take the Ability to Benefit test.

The above named student qualifies to take the Ability to Benefit test per federal regulations. The CCD Financial Aid Office staff member indicated below has verified this student's eligibility before making this referral.

Employee: _____

Print Name	Signature	Date
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