

TRIO Student Support Services – Student Contact

| | | |
|---|-----------------------|--------------------------|
| Name: _____ | _____ M.I. _____ | _____ Last |
| S#: S _____ | Phone #: _____ | |
| Email: _____ | | @student.cccs.edu |
| Your official CCD email account is the only email CCD will accept for correspondence. | | |

Comments:

Contact Type: In Person Phone E-mail Other: _____

| Activity | TRIO Provided | Referred to |
|---|---------------|-------------|
| Academic Tutoring | | |
| Advice & assistance in postsecondary Course selection <i>(include Academic Advising)</i> | | |
| Education/Counseling to improve financial and economic literacy | | |
| Information in applying for Federal Student Aid <i>(include general financial aid information)</i> | | |
| Assistance in completing and applying for Federal Student Aid <i>(FAFSA & Verification)</i> | | |
| Assisting in applying for admission to 4-yr Inst. and obtaining Fed. student aid <i>(transfer)</i> | | |
| Other: | | |

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student: _____

Print Name
Signature
Date

Staff: _____

Print Name
Signature
Date

Internal Use Only

Database Entry (Initial): _____ **Date Entered:** _____