

School Servicing Center Fax Information Sheet

Fax: 866-258-8362

Student Information:

First Name _____ Last Name _____

Student ID# _____

School: _____

Sender Information:

First Name _____ Last Name _____

Contact information: _____

Date: _____

Number of Pages(including cover sheet): _____

Type of Form (check all that apply):

- Tax Document and or income document
- General Correspondence
- SSC Form



College Foundation, Inc.

School Services