Sandburg Financial Aid 2400 Tom L. Wilson Blvd Galesburg, IL 61401

Phone: 309.341.5283 Fax: 309.344.2529



Authorization for Charges and Request for Shipment of Books

Student's Name	<u> </u>		
Student ID#	Term	Las	t 4 SSN# xxx-xx
	ualify for Federal Pell Grants pportunity to charge their bo		
the Financial Ai		ed to the preferred ma	below and return the form to all siling address on file with the state order.
I author	ize Carl Sandburg College to o	redit my account for c	other goods and services.
Steps:			
1.	Return this completed form to the Financial Aid Office by emailing financialaid@sandburg.edu or fax to 309.344.2529.		
2.	Contact the Bookstore at		
_	ookstore website provides de http://www.bkstr.com/carlsa		
Please allow	one business day for the auth	orization to be process	sed.
I certify the ir	formation provided above is	true and complete.	
Student's Sig	nature		Date