Request for Financial Data from Richland College of the DCCCD
Hope/Lifetime Learning Tax Credit or Payment Verification

Student's Social Security Number: _____-_____-_____ Date: ___/___/___

Student's Name: _____ **(Please print)**

Student's Address: _____
Street Address Apt. # City State Zip

Student's Home Phone # (____)_____ Work Phone # (____)_____

Best time to call_____ Best time to call_____

Please supply financial information for the following semesters: **Check all that apply and specify year**

☐ Spring _____ ☐ Summer I _____ ☐ Summer II _____ ☐ Fall _____

Check appropriate statement below

☐ I would like this information mailed to the above address.

☐ I would like to pick up this information at the Cashier's Window.

☐ I would like this information faxed to (____)_____.

☐ I would like this information released to _____.
Print name of individual authorized to pick up

Signature of student:_____ ***RICHLAND COLLEGE FAX # (972) 238-6993***

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☐ Received written request from student ☐ 1040 Received from Taxpayer

Spring _____ Total Amount Paid (Less Refund(s)/Grant Funding): $_____
Date Paid _____

Sum I _____ Total Amount Paid (Less Refund(s)/Grant Funding): $_____
Date Paid _____

Sum II _____ Total Amount Paid (Less Refund(s)/Grant Funding): $_____
Date Paid _____

Fall _____ Total Amount Paid (Less Refund(s)/Grant Funding): $_____
Date Paid _____

Prepared by_____ Date Completed_____

Bhw/p:acctshare/hopefin1 Updated 10/28/99 by CLR8143