



**\*\*\*FORMS MUST BE COMPLETED IN BLACK INK ONLY\*\*\***

**Request for Information**

**GED Graduates Applying for One Free Class in the  
Alabama Community College System**

**Institution Official Making Request:**

Director of Financial Aid

GED Graduate's Name: \_\_\_\_\_

GED Graduate's Date of Birth: \_\_\_\_\_

Semester You Will Take Free Class: Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

GED Graduate's Social Security Number: \_\_\_\_\_

GED Graduate's Student A Number: \_\_\_\_\_

*(if you do not have one put N/A)*

Please note that processing may take 7-10 business days after documents are received. Processing time may be longer during peak processing times.

MAIL, FAX, OR EMAIL THIS FORM USING THE INFO BELOW...

Coastal Alabama Community College  
Financial Aid  
1900 Highway 31 South  
Bay Minette, AL 36507  
FAX: 251-580-2182  
EMAIL: [financial\\_aid@coastalalabama.edu](mailto:financial_aid@coastalalabama.edu)