



## COF Authorization

<b>Name:</b> _____ First M.I. Last		
<b>S#:</b> S _____	<b>Phone #:</b> _____	
<b>Email:</b> _____@student.ccs.edu Your official CCD email account is the only email CCD will accept for correspondence.		
<b>Social Security Number:</b> _____		

This COF Authorization form allows students to authorize their COF with Admissions, Registration, & Records. Many students registered at CCD are admitted at another Community College. These students are unable to authorize COF for their CCD courses.

I authorize CCD to receive my COF stipend for \_\_\_\_\_ semester.

*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

<b>Internal Use Only</b>			
Received by: _____	Date: _____	Processed by: _____	Date: _____