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STUDENT FINANCIAL SERVICES

2009-2010 Ability-to-Benefit (ATB) Test Referral Form*

Name: _____

CSN ID: C _____

Please read, sign, and date this form. The completed form along with a copy of the ability-to-benefit (ABT) test results should be returned to Student Financial Services at any of the locations listed below. An unsigned or incomplete form will delay the processing of your application and may disrupt your educational goals.

*If a student does not have a high school diploma or equivalent and did not complete secondary school in a home school setting, a student can still qualify for aid by passing a Department-approved ability-to-benefit (ATB) test. A referral form must be initiated by Student Financial Services (SFS) and completed and signed by a CSN Assessment Center staff member.

I, _____, authorize CSN Assessment Center to release my ATB test results to Student Financial Services.

Attention: The information provided on this form is true and complete. If asked by Student Financial Services, I will provide supporting documentation which may include Department-approved ATB test results signed by the CSN Assessment Center.

Student's Signature

Date

Student Financial Services
Henderson Campus
Sort code H4B
700 College Drive
Henderson, NV 89002-8419

Student Financial Services
West Charleston Campus
Sort Code W17D
6375 West Charleston Boulevard
Las Vegas, NV 89146-1164

Student Financial Services
Cheyenne Campus
Sort Code C1S
3200 East Cheyenne Avenue
North Las Vegas, NV 89030-4228