

# Cleveland State

COMMUNITY COLLEGE

**This is to verify that the named participant is currently disabled and entitled to disability benefits.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Security No:** \_\_\_\_\_ **Date Disability Began:** \_\_\_\_\_

**Social Security Administration Verification:**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**This form needs to be completed, signed, dated and stamped with Social Security Stamp before processing is made in the Business Office.**

For any person with a permanent, total disability, and domiciled in Tennessee, to audit courses, no fee is required. To take courses for credit, a fee of \$70.00 per semester will be charged. (Note: This fee includes maintenance fees, student activity fees and technology fees. It does not preclude an application fee, campus access fee, late fee, lab fees, student government fees, etc. for audit or credit courses.) This only applies to enrollment on a space available basis.