



EDUCATIONAL TOLL FUND STUDENT REGISTRATION

DATE: _____

NAME: _____

STREET ADDRESS (LINE 1): _____

STREET ADDRESS/PO BOX (LINE 2): _____

CITY, STATE, ZIP CODE: _____

PHONE # (To Reach Student): _____

EMAIL ADDRESS: _____

TYPE OF DEGREE/CERTIFICATE: _____

SCHOOL ATTENDED: _____

SIGNATURE: _____

Please indicate if you prefer your check to be mailed to you or you'd like to pick it up at ESCC:

Note: Checks are written approximately once per week, so you may not be able to pick it up the same day you submit your reimbursement paperwork.