

Early Assessment Program (EAP) Request Form

Please completely fill out and return this form to us via:

E-mail: admissions@solano.edu

Fax: 707-646-2053 **OR**

Mail: 4000 Suisun Valley Road, Fairfield CA 94533

ATTN to: Office of Admissions & Records

Last Name: _____ **First Name:** _____ **MI:** _____ .

Phone: (_____) _____ **E-mail:** _____

Address: _____

SCC I.D. #: _____ **Birthdate:** _____

Name of High School Attended: _____

Year enrolled in 11th grade: _____

Office Use Only

Date Received:
Date Processed:

Received By:
Processed By:

