



California Student Aid Commission

INSTITUTIONAL CONTACTS FORM

In order to provide each office at your institution with the appropriate reports and updates, complete the following information and return this form with the Institutional Participation Agreement to the Commission at: csacipa@csac.ca.gov.
As staff change, please make sure to update the institution contacts page in WebGrants.

Institution Name	<input type="text"/>	Segment	<input type="text"/>
OPE ID #	<input type="text"/>		

Financial Aid Director:

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

Registrar:

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

Fiscal Officer:

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

Electronic Funds Transfer Coordinator:

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

* Middle Class Scholarship:

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

* Only for CSU and UC campuses

*** System Administrator:**

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

*** Must be the same individual as the System Administrator listed on the WebGrants "System Administrator" Access Request Form**

*** Chafee Program Coordinator**

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

*** Institution must have a Chafee Program Coordinator. If there is no Chafee Program Coordinator, enter the Financial Aid Director's information.**

*** Authorized Official:**

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

*** Must be the same individual as the Authorized Official (AO) listed on the WebGrants "System Administrator" Access Request Form**

Print