California Student Aid Commission

INSTITUTIONAL CONTACTS

In order to provide each office at your institution with the appropriate reports and updates, complete the following information, print and return this form with the Institutional Participation Agreement to the Commission at:
California Student Aid Commission, Attn: IPA Processing, 11040 White Rock Road, Rancho Cordova, CA 95670

Institution Name | **Segment**

OPE ID #

Financial Aid Director:

Name | Phone
Title | Fax
Address | Email

Registrar:

Name | Phone
Title | Fax
Address | Email

Fiscal Officer:

Name | Phone
Title | Fax
Address | Email

Electronic Funds Transfer Coordinator:

Name | Phone
Title | Fax
Address | Email

* Middle Class Scholarship:

Name | Phone
Title | Fax
Address | Email

* Only for CSU and UC campuses

* System Administrator:

Name | Phone

Title | Fax

Address | Email

***** Must be the same individual as the System Administrator (SA) listed on the "*Grant Delivery System (GDS)-WebGrants Information Security and Confidentiality Agreement*" and the "*Grant Delivery System (GDS)-WebGrants System Administrator Access Request Form*"

* Authorized Official:

Name | Phone

Title | Fax

Address | Email

***** Must be the same individual as the Authorized Official (AO) listed on the "*Grant Delivery System (GDS)-WebGrants Information Security and Confidentiality Agreement*" and the "*Grant Delivery System (GDS)-WebGrants System Administrator Access Request Form*"

Print