

Grant Record Change Form For Students Cal Grant Program

Enter Award Year

(e.g) 2018/ 2019

Complete this form to notify the California Student Aid Commission of changes in your name, address, Social Security number, your school of attendance, or to request a leave of absence, program change or program withdrawal. You can make school changes, address changes and leave of absence requests online at WebGrants for Students (www.webgrants4students.org). Read the instructions on the reverse side before completing. Print or type all information.



SECTION 1. STUDENT INFORMATION

Address changes can be done online at www.webgrants4students.org

1. Student's name (Current last, first, middle initial) Send this form back only if corrections are necessary.

Last Name *First Name* *MI*
If this is a name change, please print **PREVIOUS name in shaded box** and attach a copy of the new driver's license, SSN card or marriage certificate.

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>
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2. Social Security number or Dream Act ID Number - If submitting a Social Security number correction, print the **INCORRECT NUMBER in the shaded box** and attach a copy of the correct SSN card.

____ / ____ / ____ (____)

3. Date of birth 4. Telephone number - daytime phone number

5. Address: Is this an address change? Yes No

Street address City State Zip code

6. Email address

SECTION 2. SCHOOL CHANGE

School changes can be done online at www.webgrants4students.org

7. School change: I wish to change my school of attendance. Indicate the date for which you are requesting a school change (e.g. August 2018)

School name City Date

8. School change effective: (check one) Fall term Winter term Spring term Summer term

SECTION 3. LEAVE OF ABSENCE REQUEST

Leaves of absence can be done online at www.webgrants4students.org

9. School of attendance or most recent school of attendance Date or term last attended

I request a Leave of Absence for the following term(s): Check box(es) Fall term Winter term Spring term

Indicate exact dates for which you are requesting a Leave of Absence: From: _____ To: _____

10. Briefly state your reason(s) for a leave of absence: (please print or type — attach additional pages or documentation if necessary.)

SECTION 4. PROGRAM CHANGE REQUEST

(Please read instructions on reverse)

11. A signature from a financial aid officer at your college is required when requesting a change in grant program. Changing your Cal Grant program will change the amount of your Cal Grant award. Request any program changes as early as possible because program changes cannot be made after program funds have been disbursed. Change my Cal Grant program from Cal Grant ____ to Cal Grant ____.

Signature of Financial Aid Officer:

SECTION 5. PLEASE WITHDRAW MY CAL GRANT

(Please read instructions on reverse)

12. By checking this box I am asking that my Cal Grant award offer be withdrawn. I have read the instructions on the reverse of this sheet.

List reason for withdrawal request:

SECTION 6. STUDENT'S SIGNATURE

(YOU MUST SIGN AND DATE THIS FORM) Send this form back only if corrections are necessary.

Date

13. Signature (I certify to the best of my knowledge that the information I have filled in above is true and correct.)

Instructions for Completing the Grant Record Change Form for Students

Schools changes, address changes and leave of absence requests can all be made online at WebGrants for Students. Go to www.csac.ca.gov and look for the Student Login link on the right side of the page. You may also go directly to the WGS page at <https://mygrantinfo.csac.ca.gov>. Name and Social Security number changes and program withdrawals and changes must be made using this form. Complete and send this form back only if corrections are necessary.

Section 1 — Student Information (This section must be completed)

1. Enter your name (current last, first, middle initial). If you indicated a name change in question #1, please provide your **previous** name (last, first, middle initial) in the shaded box. Remember to print or type clearly and *include a form of identification that shows your correct name.*
2. Enter your Social Security number or Dream Act ID number. If your Social Security number is a change from Commission records, enter your correct number and *attach a copy of your Social Security card.*
3. Enter your date of birth (month, day, year).
4. Enter your telephone number, including area code.
5. Check "Yes" if your address is different from the Commission's records. Check "No" if your address is the same as the Commission's records. Enter your street address, city, state and five- or nine-digit zip code
6. Enter your email address.

Section 2 — School Change

7. If you wish to change your school of attendance, enter the school's name, city and date effective. **A change in school choice may effect your eligibility for an award.**
8. Enter the term the school change is effective.

Section 3 — Leave of Absence Request

9. Enter the school you attend or have attended most recently and the date and term you last attended (e.g. 09/18, Fall 2018). Also enter the terms for which you are requesting a leave of absence (e.g. Spring semester), and the exact date for which you are requesting a leave of absence (e.g. 01/15/18 to 05/30/18).
10. Print or type the reason(s) for your leave of absence request.

Section 4 — Program Change

11. Program changes, such as requesting a change from Cal Grant B to Cal Grant A, may only be requested by new Cal Grant recipients before any payments have been made. The student's California Aid Report (CAR) will show Auto-Accept for one program and "Qualified" for another. Transferring between these programs is possible only if no Cal Grant payments have yet been made. A program change will not be processed without the signature of a school financial aid office. Students who have a Cal Grant C and wish to decline that Cal Grant to be considered for another Cal Grant program, must check the box in Section 5.

Section 5 — Please Withdraw my Cal Grant

12. Check this box only if you wish your current Cal Grant offer to be withdrawn. If you request this, your Cal Grant award offer will be withdrawn and reinstatement will not be possible. Please give the reason you are requesting withdrawal from the Cal Grant program.

Section 6 — Student Signature (To avoid delays, sign, date, and return this form as soon as possible.)

13. Your signature certifies to the best of your knowledge that this information is true and correct
Providing false information may result in the withdrawal of your award.

If you have any questions concerning this form, you may contact the Commission's Student Support Services Branch by calling (888) 224-7268 or via e-mail at studentsupport@csac.ca.gov.

Mail this form to the address below:

**California Student Aid Commission
Program Administration and Services Division
PO Box 419027
Rancho Cordova, CA 95741-9027**

