California Dream Application

Name/Date of Birth Change Request

California Student Aid Commission

Complete this form to notify the California Student Aid Commission of changes to your name or date of birth.

Please attach documentation that shows your correct name and/or date of birth. For example, a copy of your CA identification, birth certificate, DACA SSN, Employment Authorization Card (if you have one), or a Student ID.

Please provide the following information in the event we need to contact you about this request.

Dream Act ID # _____

Phone Number: _____

Email Address: _____

Section 2: Name/DOB

To correct your application information, please complete BOTH boxes. Incomplete information will delay the processing of this request.

*In the box below enter the **old/incorrect** information that is currently listed on your CA Dream Act Application.*

❑ 2016-2017 ❑ 2017-2018

Select the application year(s) to be corrected

Last Name

First Name M.I.

Date of Birth: _____

Month Day Year

*In the box below enter the **new/correct** information that is listed on your documentation.*

Last Name

First Name M.I.

Date of Birth: _____

Month Day Year

Section 2: Student Certification

By signing this form, I certify to the best of my knowledge that the information I have provided above is true and correct.

Student signature: Date:

To view your change request update, please visit www.caldreamact.org.

It will take approximately 8 business days to process the change(s). An updated Cal ISIR report will be sent to the school(s) currently listed on your CA Dream Act application. An email will be sent to you confirming the requested changes.

If you have any questions concerning this form, you may contact the us by calling (888) 224-7268 or, via email at CalDreamAct@csac.ca.gov.

Please mail your completed form to:

California Student Aid Commission
Cal Grant Operations Branch
P.O. Box 419028
Rancho Cordova, CA 95741-9028