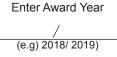
# Grant Record Change Form For Students Cal Grant Program

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 on-line at WebGrants for Students. Go to www.csac.ca.gov and look for the WebGrants link at the top of the page. Read the instructions on the reverse side before completing. Print or type all information.





# **SECTION 1. STUDENT INFORMATION**

1. Student's name (Current last, first, middle initial

Address changes can be done on-line at **www.webgrants4students.org** Send this form back only if corrections are necessary.

Last Name If this is a name change, please print <b>PREVIOUS name</b>	First Name		MI ard or marriage certificate
II tills is a hame change, please plint i NEVIOUS hame	s in snaded box and attach a copy of the hi	sw unver a license, dan ca	nd or marriage certificate.
Last Name	First Name		MI
		_	_
Social Security number or Dream Act ID Number and attach a copy of the correct SSN card.	- If submitting a Social Security number corre	ction, print the INCORRECT I	NUMBER in the shaded box
/	( )		
3. Date of birth 5. Address: Is this an address change? Yes	4. Telephone number - da	aytime phone number	
Street address	City	State	Zip code
6. Email address			
SECTION 2. SCHOOL CHANGE School 7. School change: I wish to change my school of att	ol changes can be done on-line at www.w tendance. Indicate the date for which you	•	change (e.g. August 2017)
School name	City		Date
8. School change effective: (check one)	all term Winter term Spring	term Summer to	erm
SECTION 3. LEAVE OF ABSENCE REQ	<b>UEST</b> Leaves of absence can be done	e on-line at www.webgra	nts4students.org
9. School of attendance or most recent school of atte	endance		Date and term last attended
I request a Leave of Absence for the following term(s	s): Check box(es)	Winter term Spring	g 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	ce: (please print or type — attach addition	al pages or documentatio	n if necessary
SECTION 4. PROGRAM CHANGE REQU	JEST (Please read instructions on rev	/erse)	
11. A signature from a financial aid officer at your coprogram will change the amount of your Cal Grant and the made after program funds have been disburs	ollege is required when requesting a char award. Request any program changes as	nge in grant program. Cha early as possible becaus	se program changes can-
Signature of Financial Aid Officer:			
SECTION 5. PLEASE WITHDRAW MY C	AL GRANT (Please read instructions	on reverse)	
12. By checking this box 🔲 I am asking that my C	al Grant award offer be withdrawn. I have	read the instructions on t	the reverse of this sheet.
List reason for withdrawal request:			
SECTION 6. STUDENT'S SIGNATURE (	YOU MUST SIGN AND DATE THIS FORM	√I) Send this form back only i	if corrections are necessary.
•		Date	

G-10 (09/17) (OVER)

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 on-line at WebGrants for students. Go to www.csac.ca.gov and look for the WebGrants for Students link on the right side of the page. 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 clearl.
- 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. 09/16, Fall 2016). 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. 01/15/17 to 05/30/17).
- 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 mail or fax 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 419028 Rancho Cordova, CA 95741-9028

