Grant Record Change Form For Students Cal Grant Program

Enter Award Year
/
(e.g) 2019/ 2020

Complete this form to notify the California Student Aid Commission (CSAC) of changes in your name, address, Social Security Number (SSN), your school of attendance, or to request a leave of absence, program change or program withdrawal. CSAC will verify name, date of birth or SSN changes with your school of attendance. 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. STUDENTINFORMATION

1. Student's name (Current last, first, middle initial) Send this for

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

Last Name If this is a name change, please print PREVIOUS name in	First Name shaded box.	Λ	MI
Last Name	First Name		MI
<u> </u>		_	_
2. Social Security number or Dream Act ID Number - If so	ubmitting a Social Security number correction	n, print the INCORRECT N	IUMBER in the shaded box.
/ /	()		
3. Date of birth 5. Address: Is this an address change? Yes	4. Telephone number - da	time phone number	
Street address	City	State	Zip code
6. Email address			
SECTION 2. SCHOOL CHANGE School ch	nanges can be done online at www.we	bgrants4students.org	
7. If you wish to change your school of attendance, indicate	e the date for which you are requesting a	school change (e.g. Augu	ust 2019)
School name	City		Date
School change effective: (check one) Fall term	Winter term Spring t	erm Summer	term
SECTION 3. LEAVE OF ABSENCE REQUE	ST Leaves of absence can be done	online at www.webgra	nts4students.org
8. 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 Lea	ave of Absence:/	/ To:	/ /
Briefly state your reason(s) for a leave of absence: (plea	se print or type — attach additional p	ages or documentatio	on if necessary.
SECTION 4. PROGRAM CHANGE REQUES	T (Please read instructions on reve	erse)	
A signature from a financial aid officer at your college.	,	·	anging your Cal Grant
program will change the amount of your Cal Grant awar not be made after program funds have been disbursed.	rd. Request any program changes as e	early as possible becaus	se program changes can-
Signature of Financial Aid Officer:			
SECTION 5. PLEASE WITHDRAW MY CAL	GRANT (Please read instructions	on reverse)	
10. By checking this box I am asking that my Cal G	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	J MUST SIGN AND DATE THIS FORM	1) Send this form back only	y if corrections are necessary.
		Date	
11. Signature (I certify to the best of my knowledge that	the information I have filled in above is		

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

G-10 (10/18) (OVER)

Instructions for Completing the Grant Record Change Form for Students

School changes, address changes and leave of absence requests can be made on line at webGrants4students.org. Go to csac.ca.gov and look for the Student Login link on the right side of the page. Complete and send this form to CSAC only if corrections are necessary. **NOTE**: Name, Social Security number and date of birth changes must be made with your school of attendance prior to using this form.

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 *your correct name*. CSAC will verify your name with your school of attendance.
- 2. Enter your Social Security number or Dream Act ID number. If you are correcting your Social Security number enter your correct number. CSAC will need to verify your SSN with your school of attendance.
- 3. Enter your date of birth (month, day, year). We will verify your date of birth with your school of attendance.
- 4. Enter your telephone number, including area code.
- 5. Check "Yes" if you are correcting your address. Enter your street address, city, state and 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 effective date. A change in school choice may affect your eligibility for an award. Enter the school term the school change is effective.

Section 3 — Leave of Absence Request

8. Enter the school you attend or have attended most recently and the date and term you last attended (e.g. 09/19, Fall 2019). 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. 01/15/19 to 05/30/19). Print or type the reason(s) for your leave of absence request.

Section 4 — Program Change

9. 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. A program change will not be processed without the signature of a school financial aid officer. 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

10. Check this box if you wish to withdraw your Cal Grant award. 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.)

11. 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

