

Grant Record Change Form For Students Cal Grant Program

Enter Award Year

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.

/ (e.g) 2019/ 2020



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.

Last Name First Name MI

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. If you wish to change your school of attendance, indicate the date for which you are requesting a school change (e.g. August 2019)

School name City Date

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

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 Leave of Absence: / / To: / /

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)

9. 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)

10. 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.

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

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. You may also go directly to the WG4S 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 *your correct name* and include a form of identification that shows your legal name.
2. Enter your Social Security number or Dream Act ID number. If you are correcting your Social Security number 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 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**



CSAC Privacy Notice on Collection

The privacy of student personally identifying information (PII) is of the utmost importance to the California Student Aid Commission (CSAC). This information is provided in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested on all CSAC forms is collected pursuant to the Government Code Sections 1798 et seq. and 11019.9.

Social Security Numbers

CSAC collects personal demographic information including the Social Security number (SSN) to verify your identity, to protect your individual information from access by others, to determine your eligibility for state student aid funds, and to track the state student aid funds you receive. CSAC complies with the Family Education Rights and Privacy Act and does not share your SSN with federal or other state entities except as prescribed by law.

Please do not include information that is not requested.

Information requested is mandatory. Consequences of not providing complete and accurate information may result in a

prolonged delay in determining eligibility or an incorrect determination in eligibility.

Conditions of Disclosure

Commission employees may not disclose any personal information in a manner which would link the information to the individual to whom it pertains (Section 1798.3, IPA).

Portions of personal information may be disclosed to other state agencies, educational institutions, and researchers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your information maintained by CSAC. For questions about this notice, to obtain a written copy of our Privacy Policy, or for information about your rights, please contact:

California Student Aid Commission
ATTN: Information Office
11040 White Rock Road Suite 100
Rancho Cordova, CA 95670

Identity Representative: Patti Colston
916-464-8043

CSAC's full Privacy Policy can be found here:
<https://www.csac.ca.gov/post/privacy-policy>