

Grant Record Change Form For Schools Cal Grant Programs

For School Use Only

Award Year
20____ to 20____

This form enables schools to use one form for making two of the most common changes to students' records:

1. EDUCATION LEVEL (EL) VERIFICATION
2. GRANT DATA REVISIONS

Please read instructions on the reverse side before completing this form. Please print clearly.

I. STUDENT INFORMATION

1. Last Name	First	MI.	2. Date of Birth (MM/DD/YY)	3. Social Security Number/CSAC ID
--------------	-------	-----	-----------------------------	-----------------------------------

4. For the award year indicated above, this student is a (check one): New recipient Renewal recipient

II. EDUCATIONAL LEVEL VERIFICATION

5. The above student's initial grant payment was or is to be made at this institution. At the time of this initial grant payment the student's educational level (EL) was _____ (1=Freshman, 2=Sophomore, 3=Junior, 4=Senior)

III. GRANT DATA REVISION (only report changes which will affect a student's grant eligibility)

6. Dependency Status Override: My institution has determined that the student should be considered an independent for purposes of establishing federal and campus financial aid eligibility despite not otherwise qualifying as an independent student.
(Appropriate financial information must be provided below.)

7. Dependency Status (check one)

- Dependent
 Independent with dependents other than a spouse
 Independent without dependents other than a spouse

8. Estimated Family Contribution (EFC) formula calculation (check one)

- Automatic zero
 EFC Simplified
 Regular

9. ISIR #

Parents

Student (and Spouse)

10. Number of family members

13. Marital status (note if registered domestic partner)

16. Marital status (note if registered domestic partner)

11. EFC
\$

14. Total income
\$

17. Total income
\$

12. Unmet need
\$

15. Net worth (assets)
\$

18. Net worth (assets)
\$

19. Reason for recipient data changes: _____

IV. SCHOOL CERTIFICATION (must be completed by school for all students)

The information reported on this form is consistent with the data used to establish the student's eligibility for Federal Title IV aid and institutional funds. The institution certifies that the appropriate documentation substantiating these changes is maintained by the institution as part of the student's financial aid record. I understand that data revision requests will not be reviewed until award decisions have been calculated

The information reported above is true and correct to the best of my knowledge.

20. Name of school	21. USDE School Code	22. Date
23. Name and title of school official completing form	24. Signature of school official completing form	25. Phone number ()

Instructions for Completing Grant Record Change Forms for Schools

All numbered sections on this form must be completed as indicated below. Please print clearly. Remember to complete award year in the box located at the top right corner of form.

I. STUDENT INFORMATION

1. Enter the student's name (last, first, middle initial).
2. Enter the student's date of birth (MM/DD/YY).
3. Enter the student's social security number.
4. Check "New recipient" if the student did NOT receive a Cal Grant for the previous award year. Check "Renewal recipient" if the student received a Cal Grant for the previous year.

II. EDUCATIONAL LEVEL VERIFICATION

Question 5 is to be completed to report a student's education level (EL), when the school is unable to report information on the EL Verification Roster.

5. Check this box and indicate the correct level in the space provided to verify student's EL at the time of initial Cal Grant payment. *Note: A change for a new recipient who qualified for an award as a freshman will result in a withdrawal from the program if the student does not meet the criteria at the correct EL. (The grade point average minimum of EL2 and EL3 is higher than EL1).*

III. GRANT DATA REVISION (only report changes which will affect a student's grant eligibility)

6. Check this box if a financial aid administrator used professional judgement in compliance with federal regulations to change a student's dependency status.
7. Check the correct dependency status. This MUST be the same dependency status used to award all aid.
8. **Automatic Zero:** Check this box if the automatic zero federal methodology was used to calculate the EFC. Check this box if the dependent student's parents' or the independent student's adjusted gross income is less than or equal to the maximum amount of income that may be earned in order to claim the maximum earned income credit, and the parents of a dependent student or the independent student did not file and were not required to file Internal Revenue Service's Form 1040.
EFC Simplified: Check this box if the simplified federal methodology was used to calculate EFC
Regular: Check this box if the regular federal methodology was used to calculate EFC.
9. Enter the 2 digit ISIR transaction number for which this new Grant Data Revision information is reflected. For example "04".
10. List the number of family members.
11. Enter the EFC. Do NOT include financial aid awards.
12. Provide the unmet need for the student for the full academic year. Unmet need should be calculated using information on the College Costs Estimate Sheet submitted to the California Student Aid Commission (Commission).
13. Provide marital status; single, married, registered domestic partner, divorced or separated.
14. Provide total income using data at your school consistent to establish the student's financial aid.
15. Provide net worth. This includes all assets, with any business/farm assets adjusted consistent with the methodology used to establish the student's financial aid.
- 16-18. See instructions 13-15.
19. Provide a brief explanation of the reasons for changes and professional judgement decisions (required).

IV. SCHOOL CERTIFICATION (must be completed by school for all students)

20. Enter school name. Do not abbreviate.
21. Enter the assigned six- or eight-digit code for your institution. This code is provided by the U.S. Department of Education.
22. Enter the date this form was completed.
23. Provide the name and title of the school official completing this form.
24. The school official completing this form MUST sign the change request.
25. Enter the telephone number, including area code, of the school official who can answer questions regarding this information.

The Commission will process the G-21 form and any resulting changes will be reported to your school through the Grant Roster. The Commission will not be returning a copy of the G-21 form to the school. The Grant Roster will explain the actions taken. A copy of the G-21 form should be retained for your records. Award amounts are subject to state budget appropriations for the award year.

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: Francesca Hensen 916-464-6418

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