## 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 Card, Employment Authorization Card (if you have one), or a Student ID.

Section 1: Dream Act ID / Contact Information		
Please provide the following information in the event	we need to contact you about this request.	
Email	ne Number: il Address: ame / Date of Birth	
To correct or update your application information, pleadelay the processing of this request.  In the box below enter the old or incorrect information that is currently listed on your CA Dream Act Application.	ease complete BOTH boxes. Incomplete information will  In the box below enter the <b>new or correct</b> information that is listed on your documentation.	
☐ 2024-2025 ☐ 2023-2024  Select the application year(s) to be corrected  Last Name	Last Name	
First Name M.I.	First Name M.I.	-
Date of Birth: Month Day Year	Date of Birth:	—
Section 3: Student Certification		
By signing this form, I certify to the best of my known is true and correct.  Student signature:	nowledge that the information I have provided about	/e
To view your change request undate, please visit dream cac ca	a gov to log into your application	

An updated Cal ISIR report will be sent to the school(s) currently listed on your CA Dream Act application when completed.

If you have any questions concerning this form, you may contact the California Student Aid Commission at: (888) 224-7268 or

Please email your completed form to: **Studentsupport@csac.ca.gov** and paste **G-19 CADAA Change Request** in the subject line.



studentsupport@csac.ca.gov.