

# Grant Record Change Form For Students Cal Grant Program

Award year ____/____ (e.g. 1999/2000)
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Students should complete this form to notify the California Student Aid Commission (Commission) of any changes in their name, social security number, address, school, withdrawal from a grant program, or to request a leave of absence. Mail the completed form as soon as possible to: **California Student Aid Commission, Grant Program Processing Section, P.O. Box 419028, Rancho Cordova, CA 95741-9028.**

**Please read instructions on the reverse side before completing. Print or type all information.**

## I. STUDENT CERTIFICATION (THIS SECTION AND SECTION IV BELOW MUST BE COMPLETED)

1. Student's name (last, first, middle initial) — <i>If this is a name change, complete #6 in Section II below.</i>		2. Date of birth (mo/day/yr)	
3. Social security number — <i>If this is a change from Commission records, complete #7 in Section II below.</i> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		4. Telephone number (       )	
5. Address: Is this an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street address		City	State                      Zip code

## II. STUDENT CHANGE INFORMATION (COMPLETE QUESTIONS AS APPROPRIATE)

**Complete this section if you are changing any of the following:** Name, social security number, school, Cal Grant Program for which you wish to be considered or if you wish to withdraw from the Cal Grant program.

6. Name change: If the name you provided in item #1 above is different than your previous name used, please print or type your previous name (last, first, MI).

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7. Social security number: If you indicated a change in your social security number in #3 above, please enter your previous social security number below and attach a copy of your social security card, showing the correct number.  
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8. Change of school: I wish to change my school choice and be considered for an award at the school listed below.   

School name	City	Length of academic program (mos./yrs.)
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9a. School change effective for (check one):     Fall term                       Winter term                       Spring term                       Summer term

9b. Date term begins: \_\_\_\_\_ month    \_\_\_\_\_ day    \_\_\_\_\_ year

9c. I plan to reside (check one):     On campus (dorm)     Off campus (apartment, etc.)     At home with parents or relatives

10. I wish to change my award to the following (check one):     Cal Grant A                       Cal Grant B                       Cal Grant C

## III. LEAVE OF ABSENCE REQUEST

Complete items 11 and 12 below. If you are a Cal Grant recipient and would like to request a leave of absence from the Cal Grant program for up to one academic year, return this form to the Commission at the address provided at the top of this form. **You must send this Leave of Absence Request Form to the Commission as soon as possible or your award may be withdrawn. (See "Leave of Absence Policy" section in the Cal Grant Reference Manual.)** A leave of absence or series of leaves which total more than the equivalent of one academic year normally will not be approved. The Commission may grant extended leaves in exceptional circumstances. Please attach supporting documents (such as a doctor's note) to request any leave in excess of one academic year.

11. Enrollment Information:

School of attendance or most recent attendance	Date and term last attended
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I request a Leave of Absence for the following term(s): Check box(es)

Fall quarter/semester     Winter quarter     Spring quarter/semester     Summer quarter (if mandatory)

Fall trimester     Winter trimester     Spring trimester (if mandatory)

Indicate exact dates for which you are requesting a Leave of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

12. Briefly state your reason(s) for a leave of absence: *(please print or type — attach additional pages or documentation if necessary)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IV. STUDENT'S SIGNATURE (YOU MUST SIGN AND DATE THIS FORM)

13. Signature (I certify to the best of my knowledge that this information is true and correct.)	Date
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# Instructions for Completing the Grant Record Change Form for Students

All sections on this form must be completed as instructed below.

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## Section I — Student Information (This section and Section IV must be completed)

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1. Enter your name (last, first, middle initial).
2. Enter your date of birth (month, day, year).
3. Enter your social security number.
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.

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## Section II — Student Change Information (Complete as appropriate)

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6. If you indicated a name change in question #1, please provide your previous name (last, first, middle initial). Remember to print or type clearly.
7. If your social security number in question #3 is a change from Commission records, enter your new number and attach a copy of your new social security card.
8. If you wish to change your school choice and be considered for an award at a different school, enter the school's name and city and the length of the academic program in months and/or years. **NOTE: A change in school choice may affect your eligibility for an award.**
- 9a. Enter the effective term of this change in your school choice.
- 9b. Enter the beginning date of the term checked in 9a.
- 9c. Check whether you will live on campus, off campus, or at home with parents or relatives.
10. If you are a new applicant and wish to change the Cal Grant award for which you are being considered, check the appropriate box (renewal applicants cannot change their award). Changes cannot be made after your award has been paid.

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## Section III — Leave of Absence Request

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11. Enter the school you attend or have attended most recently and the date and term you last attended (e.g. 9/99, Spring 2000). Also enter the terms for which you are requesting a leave of absence (e.g. Fall semester), and the exact date for which you are requesting a leave of absence (e.g. 9/15/99 to 12/15/99).
12. Print or type the reason(s) for your leave of absence request. Attach additional pages or documentation if necessary.

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## Section IV — Student Signature (To avoid delays, sign, date, and mail this form as soon as possible.)

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13. Your signature certifies to the best of your knowledge that this information is true and correct. **Note: Providing false information may result in the withdrawal of your award.**

Mail this form as soon as possible to:

**California Student Aid Commission  
Grant Program Processing Section  
P.O. Box 419028  
Rancho Cordova CA 95741-9028**

Form may be faxed to: (916) 526-8002.

Questions regarding this form can be made to the address above, or to (916) 526-7590. Our e-mail address is [custsvcs@csac.ca.gov](mailto:custsvcs@csac.ca.gov)

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