

Chafee Grant Program Update & Change Form

Complete this form to notify the California Student Aid Commission of changes in your name, contact information, Social Security number, and your school of attendance. You may update your contact information and make school changes on-line at www.webgrants4students.org.



SECTION 1. STUDENT INFORMATION

Last Name	First Name	MI	CSAC ID
_____/_____/_____	_____(____)_____		
Date of Birth (Month/Day/Year)		Daytime Phone Number	

NAME CHANGE

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, State ID, or marriage or birth certificate.

[Shaded Box]		
Last Name	First Name	MI

SOCIAL SECURITY NUMBER CHANGE

If submitting a Social Security Number correction, print the **INCORRECT NUMBER in the shaded box** and attach a copy of the correct SSN card.

[Shaded Box]	
Social Security Number or Dream Act ID Number	Social Security Number

SECTION 2. ADDRESS CHANGE

Address changes can also be done on-line at www.webgrants4students.org

Address: Is this an address change? Yes No

Street Address	City	State	Zip Code
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Email Address: _____

SECTION 3. SCHOOL CHANGE

School changes can also be done on-line at www.webgrants4students.org

School change: I wish to change my school of attendance. Indicate the school name and date for which you are requesting a school change.

School Name	City	Effective Date (Month/Year)
_____	_____	____/____/____

School change effective: (check one) Fall term Winter term Spring term Summer term

SECTION 4. STUDENT SIGNATURE

Signature (I certify to the best of my knowledge that the information I have filled in above is true and correct.)	Date
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If you have any questions concerning this form, you may contact us by calling (888) 224-7268 or, via email at studentsupport@csac.ca.gov.

Please mail your completed form to:

California Student Aid Commission
Specialized Programs Operations Branch - Chafee
P.O. Box 419029
Rancho Cordova, CA 95741-9029