

# 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](http://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](http://www.webgrants4students.org)

Address: Is this an address change?  Yes  No

|                      |      |       |          |
|----------------------|------|-------|----------|
| Street Address       | City | State | Zip Code |
| Email Address: _____ |      |       |          |

## SECTION 3. SCHOOL CHANGE

School changes can also be done on-line at [www.webgrants4students.org](http://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) | <input type="checkbox"/> Fall term | <input type="checkbox"/> Winter term | <input type="checkbox"/> Spring term | <input type="checkbox"/> 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 |
|--|------|

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](mailto: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**