

Cal Grant GPA Opt-Out Form

With the implementation of Assembly Bill 2160, California public high schools are required to submit a Cal Grant high school Grade Point Average (GPA) for all graduating seniors, unless the student or parent has opted out of the submission process. California Education Code section 69432.9 requires the school district or charter school, no later than October 15 of a pupil's grade 12 academic year, to notify, in writing, each grade 12 pupil and his or her parent or guardian that the pupil will be deemed a Cal Grant applicant unless the pupil is opted out prior to the high school's submission of GPAs to the Commission. Students who do not opt out will have their GPA submitted to the California Student Aid Commission to be considered for a Cal Grant award. If you **do not** want your school to report a GPA, please complete this form and **return it to your high school counselor**.

DO NOT SEND THIS FORM TO THE CALIFORNIA STUDENT AID COMMISSION.

STUDENT INFORMATION

1. Please print your last name

[illegible]

2. Please print your first name and middle initial

[illegible]

3. Please print your permanent mailing address

[illegible]

Number and Street

[illegible]

City

State

ZIP

4. Please print your Date of Birth (MM DD YYYY)

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5. Please print your email address

[illegible]

By signing this form, I am electing **not** to have my school report my high school Cal Grant GPA information and SSN (if applicable) to the California Student Aid Commission for use in the Cal Grant application process.

Student Signature

Student Phone Number

Date _____

I am the parent or legal guardian of the above named minor, and I **do not** authorize the release of this minor's high school GPA information and social security number (if applicable) to the California Student Aid Commission for use in the Cal Grant application process.

Parent/Legal Guardian Signature

Parent Phone Number

Date _____

Print Parent Name

Parent email address

Instructions

1. Student's Last Name: Enter student's last name as it appears/will appear on the student's FAFSA or Dream Act Application.

2. Student's First Name: Enter student's first name as it appears/will appear on the student's FAFSA or Dream Act Application.

3. Permanent Mailing Address: Enter the student's permanent mailing address, street address, city, state and zip code.

4. Student's Date of Birth: Enter student's date of birth. For example, June 25, 1997 should be entered as 06-25-1997.

5. Student's E-Mail: Enter the student's e-mail address as it appears/will appear on the FAFSA or Dream Act Application.

----- STUDENT AND PARENT CERTIFICATION -----

Student's Phone #: Enter the student's phone number as it appears/will appear on the FAFSA or Dream Act Application.

Parent's Phone #: Enter the parent's phone number as it appears/will appear on the FAFSA or Dream Act Application.

Print Parent's Name: Please print parent's full name as it appears/will appear on the FAFSA or Dream Act Application.

Parent's E-Mail: Enter the parent's e-mail address as it appears/will appear on the FAFSA or Dream Act Application.

----- FOR SCHOOL USE ONLY -----

Note: As requested by the student and/or parent, please do NOT submit this student's GPA to the California Student Aid Commission.