

Cal Grant GPA Opt-Out Form

LAST NAME
#

FIRST NAME

MIDDLE INITIAL

SCHOOL ID

DATE OF BIRTH (MM DD YYYY)

EMAIL ADDRESS

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

STUDENT SIGNATURE

DATE

STUDENT PHONE NUMBER

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 to the California Student Aid Commission** for use in the Cal Grant application process.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

PARENT PHONE NUMBER

PRINT PARENT NAME

PARENT EMAIL ADDRESS

RETURN THIS FORM TO DIXON HIGH SCHOOL COUNSELING CENTER NO LATER THAN OCTOBER 26, 2017