

RETURN TO FINANCIAL AID OFFICE:

(FALA71)

(FCLA71)

(FFLA71)

(FSLA71)

STUDENT INFORMATION

(FSLB09)

2025-2026**DECLINE OF AID/
INTRA-DISTRICT COLLEGE CHANGE****Last Name****First Name****M.I.****Student ID#****DECLINE OF AID****I am requesting to DECLINE Financial Aid for the following college (check one college only) and semester(s):** ARC CRC FLC SCC Fall 2025 Spring 2026 Summer 2026**NOTE:** I understand if I received financial aid at this college for the semester(s) I selected above, I must repay all financial aid funds received during that semester back to the college before this form can be processed.

Student Initials**Reason for request:** _____**INTRA-DISTRICT COLLEGE CHANGE****I am requesting to OPEN Financial Aid file with the following college (check one college only) and semester(s):** ARC CRC FLC SCC Fall 2025 Spring 2026 Summer 2026 I have listed the school code for the college selected above on my FAFSA/DREAM ACT application

Student Initials | Staff Verified**NOTE:** I understand if I am a Cal Grant recipient, I also need to update my WebGrants 4 Students account (<https://mygrantinfo.csac.ca.gov>) to submit a school change or report a leave of absence. Failing to take action may result in Cal Grant not being paid in current eligible terms nor renewed for future academic years.

Student Initials**CERTIFICATION AND SIGNATURE**

I authorize the changes requested above to be made to my financial aid file. If any of the information that I initialed is missing/incomplete, the processing of my request may be delayed.

Student Signature: _____ Date: _____