

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: \_\_\_\_\_