Cal Grant GPA Opt-Out Form

In order to be considered for a Cal Grant, California public high schools and charter schools are required to submit a high school Grade Point Average (GPA) to the California Student Aid Commission by October 1 for all graduating seniors, unless the student or parent has opted out. California Education Code section 69432.9 requires the school district or charter school, to notify all grade 11 pupils and their parent/guardian (if under the age of 18), in writing and no later than January 1 of a pupil's grade 11 academic year, that the pupil will be deemed a Cal Grant applicant unless the pupil has opted out prior to the date below (as specified by the high school). Students who do not opt out will have their GPA submitted to the Commission to be considered for a Cal Grant award.

If you do not want your school to report a GPA, please complete this form by 0 9 2 5 2 0 2 4	n and return it to your high school counselor		
GPAs will be submitted to the Commission starting 9 2 8	2 0 2 4		
STUDENT INFORMATION			
Please print your LAST NAME			
Please print your FIRST NAME and MIDDLE INITIAL			
Please print your MAILING ADDRESS			
Number and Street			
City	State ZIP		
Please print your DATE OF BIRTH (MM DD YYYY			
Please print your 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 Student Phone Nu	mber Date		
The student named on this form is under the age of 18. I am the p	parent or legal guardian of the above		
named minor, and I do not authorize the release of his/her high school GPA information to the California Student Aid Commission for use in the Cal Grant application process.			
otadent Ald Commission for use in the Car Grant application process.			
Parent/Legal Guardian Signature Parent Phone Number Date			
r drotte From Number Date			
Print Parent Name Parent email	address		

Instructions

- **1. Student Last Name:** Enter student last name as it appears/will appear on the student's FAFSA or Dream Act Application.
- **2. Student First Name:** Enter student 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, 1999 should be entered as 06 25 1999.
- **5. Student's E-Mail Address:** Enter the student's e-mail address as it appears/will appear on the FAFSA or Dream Act Application.

 STUDENT AND PARE	NT CERTIFICATION	

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

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

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

Parent E-Mail Address: Enter the parent 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.